

12 STEP VERIFICATION FORM
ROSARY HALL - AA / NC / CA ATTENDANCE RECORD

PATIENT'S NAME _____
NAME OF GROUP _____
DATE ATTENDED _____
SECRETARY'S SIGNATURE _____

PATIENT'S NAME _____
NAME OF GROUP _____
DATE ATTENDED _____
SECRETARY'S SIGNATURE _____

PATIENT'S NAME _____
NAME OF GROUP _____
DATE ATTENDED _____
SECRETARY'S SIGNATURE _____

PATIENT'S NAME _____
NAME OF GROUP _____
DATE ATTENDED _____
SECRETARY'S SIGNATURE _____

PATIENT'S NAME _____
NAME OF GROUP _____
DATE ATTENDED _____
SECRETARY'S SIGNATURE _____



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

A Ministry of the Sisters of Charity Health System

PATIENT LABEL