Affinity Home Care

Helping Seniors Enjoy Life at Home
Serving Florida Since 2004
www.AffinityHomeCare.com

Patient Name: _____
Address: _____

DOB: _____

VISIT VERIFICATION REPORT

Date	Time In	Time Out	Service provided	Patient / caregiver signature

Clinician Name: _____
Received by: _____

Date submitted: _____
Date received: _____