



COMPLETION OF TREATMENT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF COMMUNITY AND HEALTH SYSTEMS
SFN 52956 (3-2020)

Name of Patient	Date of Birth
Name of Health Care Facility	Date Treatment Completed

Name of Health Care Provider (Print)	
Signature of Health Care Provider	Date

Name of <i>Women's Way</i> Local Coordinator (Print)	
Signature of <i>Women's Way</i> Local Coordinator	Date