

**Session Notes Cover Letter / Invoice**

**Therapist Name:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's Initials:** \_\_\_\_\_

**Child's EI#:** \_\_\_\_\_

**Month:** \_\_\_\_\_ **# of pgs:** \_\_\_\_\_

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**Month:** \_\_\_\_\_ **# of pgs:** \_\_\_\_\_

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