

Provider _____

Updated _____

Entered _____

Monday

Tuesday

Wednesday

Thursday

Friday

| | | | | | | | | |
|-------|--|--|--|--|--|--|--|-------|
| | | | | | | | | |
| 8:30 | | | | | | | | 8:30 |
| 9:00 | | | | | | | | 9:00 |
| 9:15 | | | | | | | | |
| 9:30 | | | | | | | | 9:30 |
| 9:45 | | | | | | | | |
| 10:00 | | | | | | | | 10:00 |
| 10:15 | | | | | | | | |
| 10:30 | | | | | | | | 10:30 |
| 10:45 | | | | | | | | |
| 11:00 | | | | | | | | 11:00 |
| 11:15 | | | | | | | | |
| 11:30 | | | | | | | | 11:30 |
| 11:45 | | | | | | | | |
| 12:00 | | | | | | | | 12:00 |
| 12:15 | | | | | | | | |
| 12:30 | | | | | | | | 12:30 |
| 12:45 | | | | | | | | |
| 1:00 | | | | | | | | 1:00 |
| 1:15 | | | | | | | | |
| 1:30 | | | | | | | | 1:30 |

Provider _____

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|------|--|--|--|--|--|--|--|------|
| 1:45 | | | | | | | | |
| 2:00 | | | | | | | | 2:00 |
| 2:15 | | | | | | | | |
| 2:30 | | | | | | | | 2:30 |
| 2:45 | | | | | | | | |
| 3:00 | | | | | | | | 3:00 |
| 3:15 | | | | | | | | |
| 3:30 | | | | | | | | 3:30 |
| 3:45 | | | | | | | | |
| 4:00 | | | | | | | | 4:00 |
| 4:15 | | | | | | | | |
| 4:30 | | | | | | | | 4:30 |
| | | | | | | | | |
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| | | | | | | | | |

Notes: _____

When someone walks in without an appointment, I want you to: _____

A same day fit-in/walk in appointment I want you to book on the same day would be: _____

What I consider to be an urgent/same day appointment: (ie: uti, strep throat): _____

When a patient has run out of their prescription, I want you to: _____

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When a specialist calls, I want you to: _____

When there is a critical result, I want you to: _____

When I am on my admin day I want you to: _____ with phone calls or questions

If a patient needs me when I am on my lunch break I want you to: _____

If a patient calls and is having chest pain I want you to: _____

When a patient calls or shows up with a UTI I want you to: _____

When a mom calls or walks in with a sick baby I want you to: _____

When I am going to be out of the clinic for vacation I will notify the Health Manager via: _____