

DAY _____ DATE _____

DR. _____

DAY _____ DATE _____

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DAY _____ DATE _____

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8:00		8:05		8:00		8:05		8:00		8:05		DAILY REPORT	
:10		:15		:10		:15		:10		:15			# SCHEDULED
:20		:25		:20		:25		:20		:25			# RE-SCHEDULED
:30		:35		:30		:35		:30		:35			# MISSED
:40		:45		:40		:45		:40		:45			# CANCELLED
:50		:55		:50		:55		:50		:55			TOTAL O. VISITS
9:00		9:05		9:00		9:05		9:00		9:05			# NEW PATIENTS
:10		:15		:10		:15		:10		:15			
:20		:25		:20		:25		:20		:25			
:30		:35		:30		:35		:30		:35			
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10:00		10:05		10:00		10:05		10:00		10:05			
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11:00		11:05		11:00		11:05		11:00		11:05			
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12:00		12:05		12:00		12:05		12:00		12:05		MEMOS	
:10		:15		:10		:15		:10		:15			
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