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**THE DEPARTMENT OF FAMILY MEDICINE**

P.O. Box 800729 • Charlottesville, VA 22908-0729  
Phone: 434-924-5348

NAME OF CALLER	NAME OF PATIENT	RELATIONSHIP	CHART NUMBER	SECRETARY
DATE OF CALL	TIME OF CALL	PHONE NUMBER (H)	PHONE NUMBER (W)	PRIMARY M.D.
RESPONSE EXPECTED :                      ASAP                      TODAY                      PRIMARY M.D. NEXT IN :				
MESSAGE :				
NURSE	RESPONDING M.D.	TIME OF RESPONSE		
ACTION :				
				SIG :

FORM #021141

CAT:12-OUTPATIENT ENCOUNTER (REV. 04/04)

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NURSE	RESPONDING M.D.	TIME OF RESPONSE		
ACTION :				
				SIG :

FORM #021141

CAT:17-INCIDENTAL ENCOUN (REV. 04/04)

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