**PATIENT CALL LOG TEMPLATE**

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| --- | --- | --- | --- | --- | --- | --- |
| **NAME OF HOSPITAL/OFFICE** | | |  |  |  |  |
| **NAME OF DOCTOR/NURSE/ADMINISTRATOR** | | |  |  |  |  |
| **ADDRESS LINE 1** | | |  |  |  |  |
| **ADDRESS LINE 2** | | |  |  |  |  |
| **PHONE** | | |  |  |  |  |
| **EMAIL** | | |  |  |  |  |
|  |  |  |  |  |  |  |
| **DATE** | **TIME OF CALL** | **NAME** | **REASON FOR CALL** | **RECOMMENDATION** | **ACTION TO BE TAKEN** | **NOTES** |
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