

IN-OFFICE TELEPHONE RECORD

Date of Call: _____ Time: _____

Patient Name: _____ Age: _____

Name of Caller, if other than patient: _____

Call Received by: _____

Contact phone # (1): _____

Contact phone # (2): _____

Reason for call: _____

Current Medications: _____

Allergies: _____

Plan / Intervention: _____

Rx: _____

Pharmacy Name: _____ Phone: _____

Special Instructions: _____

Patient contacted by whom: _____

Date: _____ Time: _____ Initials: _____