

TELEPHONE PROGRESS NOTE

CLINIC

4801 Alberta, El Paso, TX 79905

Medical Record Number: _____ Date: _____ Time : _____ a.m.
p.m.

Patient's Name: _____ D.O.B. _____

Physician: _____ Last Clinic Appointment: _____

Caller's Name: _____ Relation to Patient: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Purpose of Call:

Rx Refill (s) _____

Allergies _____

Pharmacy _____ Pharmacy Phone Number: _____

Work/School Note: _____ Occupation: _____

Medical Problem: _____

Other: _____

Message Received By: _____ Chart Requested: Yes No Time: _____

Message Referred To: _____ Date: _____ Time: _____

DISPOSITION / RECOMMENDATIONS / INTERVENTION:

Handled By: _____ Date: _____ Time: _____