Anticoagulation Clinic Time Survey

Date: _____ / _____ / _____

Time check in at lab: _______ Time out of lab:_______

Time check in at Internal Medicine: _______

Time nurse checks blood pressure: _______

Time put in exam room: __________

Time seen by pharmacist: _______

Time check out: _________

Please complete and give to receptionist once you check out

Pain Clinic Time Survey

Date: ___/___/____  New/Return

Appointment time: ___________

Time check in at Internal Medicine: _______

Time in lab: ________ Time out of lab: _______

Time nurse collects urine sample: ___________

Time put in exam room: __________

Time with program assistant: Start _______ End _______

Time seen by student: Start ______ End ______

Time seen by pharmacist: Start _______ End _______

Please complete and give to receptionist once you check out