

Date _____ Patient Name _____ DOB _____ EMPI _____



1

Clinic: _____
Time: _____

2

Clinic: _____
Time: _____

3

Clinic: _____
Time: _____

4

Clinic: _____
Time: _____

5

Time to pick your treasure!

Turn this form in at the Main Entrance (Reception #5) to receive your prize and schedule your next visits.

Start

Clinic: _____
Time: _____

For Staff Use Only

1st appointment handoff (_____ & _____). Requested follow-up appointment time _____.

2nd appointment handoff (_____ & _____). Requested follow-up appointment time _____.

3rd appointment handoff (_____ & _____). Requested follow-up appointment time _____.

4th appointment handoff (_____ & _____). Requested follow-up appointment time _____.