## FAILED AND CANCELED APPOINTMENT LIST

Week Ending
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Patient Name	Date	Staff Initials			No Show		Canceled		Reason for Appointment		nt	Physician Comment/Action (physician to initial)
							44					
		87°										
	***********											

Form should be circulated to appropriate physician or designated person for follow-up.



Information provided is offered solely for general information and educational purposes. It is not offered as, nor does it represent, legal advice. Neither does it constitute a guideline, practice parameter or standard of care. You should not act or rely upon this information without seeking the advice of an attorney.

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If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or riskmanagement@psicinsurance.com.

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