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TELEPHONE CONSULTATION FORM:  DOCTOR ONLY |  NURSE

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DATE | TIME [date | time] CALL CATEGORY [Choose category]  
PATIENT [Patient Name] CALLER [Caller Name]  
PHONE 1 [phone 1] PHONE 2 [phone 2]  
TEMP [Temp]  TEST RESULTS [date | time]  PROGRESS [Seen]  
ASSESSMENTS [Assessments]  
PRESENTING PROBLEMS [Presenting problems] | INITIAL [Initial]  
PLAN [Plan]  
ALLERGIES [Allergies]  
PHARMACY [Pharmacy] | INITIAL [Initial]  
DATE [date | time]  PROBLEM [Problem]

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COMMENTS:

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