Medical Appointment Notes

**Doctor**: Date: Time: Location:

Check: Do we or the doctor have the scans/test results needed for today? YES/NO
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1.
2.
3.
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When is the next appointment? ………………………………………………………………………………………..
How do we book that appointment? …………………………………………………………………………………
Is the referral to this doctor up to date? ……………………………………………………………………………
Are new scans/blood tests needed? ………………………………………………………………………………….
How do we book new scans/tests? ……………………………………………………………………………………
Has the doctor handed over a request form? …………………………………………………………………….