PHYSICIAN OR PHYSICIAN EXTENDER VISIT LOG

Physician or Physician Extender Name:_____ **Telephone Number:**_____ **Year:**_____

Residents must be visited at least once every 30 days for the first 90 days after admission and at least every 60 days thereafter.

INSTRUCTIONS:
(Method I)
1. Record physician or physician extender name and telephone number. Specify year.
2. Record resident names and date of each physician or physician extender visit in the corresponding month(s).

(Method II) Use for physician or physician extender visiting all residents under his/her care on the same day each month.
1. Record physician or physician extender name and telephone number. Specify year.
2. Record date of visit in the corresponding month(s).
3. Record the names of the residents who were visited by the physician or physician extender.

RESIDENT	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

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