

GREEN SCHEDULING CARD

SCHEDULED FOR _____

TIME PREFERRED _____ DATE _____

Spouse's Name _____ Children's Names _____

Parent's Name _____ Pre-Medicare _____

PROVIDER INITIAL	10 MIN. UNITS of TIME	Rock Sand Water Hygiene	PRIORITY	A+	A	B	C	D	R	NR	ESTIMATE	DATE
				50	40	30	20	10	0			FA
			___ ASAP ___ D ___ W NS							LAB Pre-Med Pre-Sed		
			___ ASAP ___ D ___ W NS							LAB Pre-Med Pre-Sed		
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