

**ACCESS MEDICAL CENTER**  
3997 MEETING STREET  
LORIS, SC 29569  
843-716-6010

**PATIENT PHONE CALL/COMPLETE FORM LOG SHEET**

**Patient Acct #:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**PHONE CALLS/MESSAGES FOR PHYSICIAN**

**Time called:** \_\_\_\_\_ **Call completed:** \_\_\_\_\_

**Discussion:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RX REQUEST**

**Requested by: Patient:** \_\_\_\_\_ **Pharmacist:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Message taken by:** \_\_\_\_\_ **For: Dr/FNP: Hilz Basily Payne**

**Rx name:** \_\_\_\_\_ **MG:** \_\_\_\_\_ **Qty:** \_\_\_\_\_ **Dir:** \_\_\_\_\_

**Rx name:** \_\_\_\_\_ **MG:** \_\_\_\_\_ **Qty:** \_\_\_\_\_ **Dir:** \_\_\_\_\_

**Rx name:** \_\_\_\_\_ **MG:** \_\_\_\_\_ **Qty:** \_\_\_\_\_ **Dir:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Called in:** \_\_\_\_\_ **Needs to be seen:** \_\_\_\_\_

**FORMS**

**Type of form completed:** \_\_\_\_\_

**Time started:** \_\_\_\_\_ **Time completed:** \_\_\_\_\_

\_\_\_\_\_  
**Nurse/Tech signature**