

ACCESS MEDICAL CENTER
3816 HIGHWAY 17 SOUTH
NORTH MYRTLE BEACH, SC 29582
(843)272-1411

PATIENT PHONE CALL/COMPLETE FORM LOG SHEET

Patient Acct #: _____

Patient Name: _____

PHONE CALLS

Time called: _____ **Call completed:** _____

Discussion: _____

RX REQUEST

Requested by: Patient: _____ **Pharmacist:** _____ **Date:** _____ **Time:** _____

Message taken by: _____ **Dr/FNP:** Sherm Hilz Basily Tobin Eisenberger

Rx called in: _____ **Pharmacy:** _____ **Phone:** _____

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

