

Anticoagulation Clinic Time Survey

Date: ____ / ____ / ____

Time check in at lab: _____ Time out of lab: _____

Time check in at Internal Medicine: _____

Time nurse checks blood pressure: _____

Time put in exam room: _____

Time seen by pharmacist: _____

Time check out: _____

Please complete and give to receptionist once you check out

Pain Clinic Time Survey

Date: ____ / ____ / ____ New/Return

Appointment time: _____

Time check in at Internal Medicine: _____

Time in lab: _____ Time out of lab: _____

Time nurse collects urine sample: _____

Time put in exam room: _____

Time with program assistant: Start _____ End _____

Time seen by student: Start _____ End _____

Time seen by pharmacist: Start _____ End _____

Please complete and give to receptionist once you check out