

Daily Appointment Record

New Patients	Patient's name	Phone	Time	Referred by & reason for visit	Done
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Courtesy Examinations	Patient's name	Ref number	Time	Remarks	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
New Patients (Evening)	Patient's name	Phone	Time	Referred by & reason for visit	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
Missed Appointments	Patient's name	Reason Missed / Cancelled		Rescheduled to	Comments