PHONE MESSAGE

Photocopied___

DATE		PROVIDER
TIME		INFO

PHONE CALL ☐ **Chart Request** _____**AM/PM**

PROVIDER:

PATIENT INFORMATION:

Name:

Medical Record Number:

Date of Birth:

Telephone Number: Between 12 & 1:

Between 4 & 5:

MESSAGE: **PREGNANT**

EDC

FETAL MOVEMENT

CONTRACTIONS

BLEEDING

RAPTURED MEMBRANES

PLAN: **MESSAGE TAKEN BY:**

COME TO OB/OBYN CLINIC _____

To L&D _____

To ER ____

CALL BACK _____

PURPOSE OF CALL: 1 – Bleeding 4 – Postup

2 – Med Refill 5 – Labor

3 – BC 6 – Test Results

PATIENT DATA:	**MEDICATIONS PRESCRIBED:**
	PROVIDER

«patient» **#«chart»** «agesex» DOB: «dob»

SSN: «ssn» Tribe: «tribe» IHS Eligibility: «elig»

«timestamp»Community: «community» VCN: «uid»

«vbar1»