

### Workflow Data

Practice Name: \_\_\_\_\_ Observation Date: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_ Patient/Observation No.: \_\_\_\_\_  
 Time Scheduled: \_\_\_\_\_ Time Arrived (clock): \_\_\_\_\_  
 Chief Complaint: \_\_\_\_\_ New Patient?:  Time Arrived (stopwatch): \_\_\_\_\_

Activity	Start	Stop	Start	Stop	Start	Stop
Check-in						
Nurse evaluation						
Provider evaluation						
Check-out						
Procedure						
Labs						
X-ray						
Nurse follow-up						
Provider follow-up						
Pharmacy						

*Notes/Interruptions/Observations:*

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