

Clinic Name:

Address:

Days of Week & Hours:

Walk Ins: Yes No

Special Services: Yes No Which ones:

EMR:

Languages Spoken:

Special Interests:

Staff / Allied Health Professionals in the clinic:

MOA	HMN
RN/LPN	Pharmacist
Receptionist	Other:
BHC	

Locum coverage provided for vacation: Yes No

Take on new patients: Yes No

Take on existing patients: Yes No

Clinic Contact:

Name:

Phone:

Email:

Comments: