

CLINIC SEEKING LOCUM

Clinic Name:					
Address:					
Days of Week & H	Hours:				
Locum Dates Req	uired:				
Walk Ins:	Yes	No			
EMR used:					
Languages Spoker	ı:				
How many patients will the locum see per day?					
Clinic Contact: Name:					
Phone:		Em	ail:		
Comments:					