

## **CLINIC SEEKING LOCUM**

Clinic Name:			
Address:			
Days of Week & Hours:			
Dates Locum R	Required:		
Walk Ins:	Yes	No	
EMR used:			
Comments / Other information			
If Interested in this opportunity, contact:			
Clinic Contac	t Name:		
Phone:		Email:	
Website:			
Comments:			