MY APPOINTMENT NOTES

DOCTOR VISIT NOTES:

Doctor: ___________________________  Date of Visit: ___________________________

QUESTIONS TO ASK THE DOCTOR:

1. What is the best way and time for me to contact you if I have questions?
   __________________________
   __________________________
   __________________________

2. Do I need a prescription?
   __________________________
   __________________________
   __________________________

3. Are there any pamphlets, books, videos, or websites that you recommend?
   __________________________
   __________________________
   __________________________

NOTES FROM THE VISIT:

______________________________
______________________________
______________________________

THINGS TO BE DONE AFTER THIS VISIT:

Tests to schedule:
______________________________
______________________________

Prescriptions to be filled:
______________________________
______________________________

DATE OF NEXT APPOINTMENT: ___________________________