

Sample Activity Report

TR0317

CENTRAMAX.M

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Triage Documentation One-Line Report
 By Primary Care Provider
 Call Types: I
 Report Date: 02/03/2008 09:38 AM
 Calls From: 01/01/2008 To: 1/31/2008

Oper.	Call Date	Call Time	Call Lgth.	Date of Birth	Age on Date of Call	Patient Name
FOR PHYSICIAN:		1397	MD NAME: _____			
JAW	01/01/2008	11:37	17	01/05/1925	77 Yrs.	Last Name, First Name
NMM	01/02/2008	09:41	07	01/13/1958	44 Yrs.	Last Name, First Name
MKN	01/03/2008	20:41	08	08/25/1950	51 Yrs.	Last Name, First Name
JAW	01/04/2008	21:33	12	09/15/1970	31 Yrs.	Last Name, First Name
JAW	01/04/2008	12:07	09	09/15/1970	31 Yrs.	Last Name, First Name
MEM	01/10/2008	15:09	08	01/30/1961	41 Yrs.	Last Name, First Name
MEM	01/14/2008	11:47	12	10/17/1963	39 Yrs.	Last Name, First Name
AKL	01/21/2008	09:13	12	12/12/1946	56 Yrs.	Last Name, First Name
MKN	01/22/2008	17:54	06	05/08/1990	11 Yrs.	Last Name, First Name
JAW	01/23/2008	18:45	10	07/30/1952	49 Yrs.	Last Name, First Name
MKN	01/24/2008	11:52	05	06/20/1954	47 Yrs.	Last Name, First Name
MEM	01/25/2008	20:16	07	02/06/1971	31 Yrs.	Last Name, First Name
LLS	01/28/2008	19:27	09	02/06/1971	31 Yrs.	Last Name, First Name
CAC	01/29/2008	18:46	05	09/07/1947	54 Yrs.	Last Name, First Name
LLS	01/31/2008	21:23	21	09/07/1947	54 Yrs.	Last Name, First Name

Total Patients Triageed for: MD NAME _____ = 15