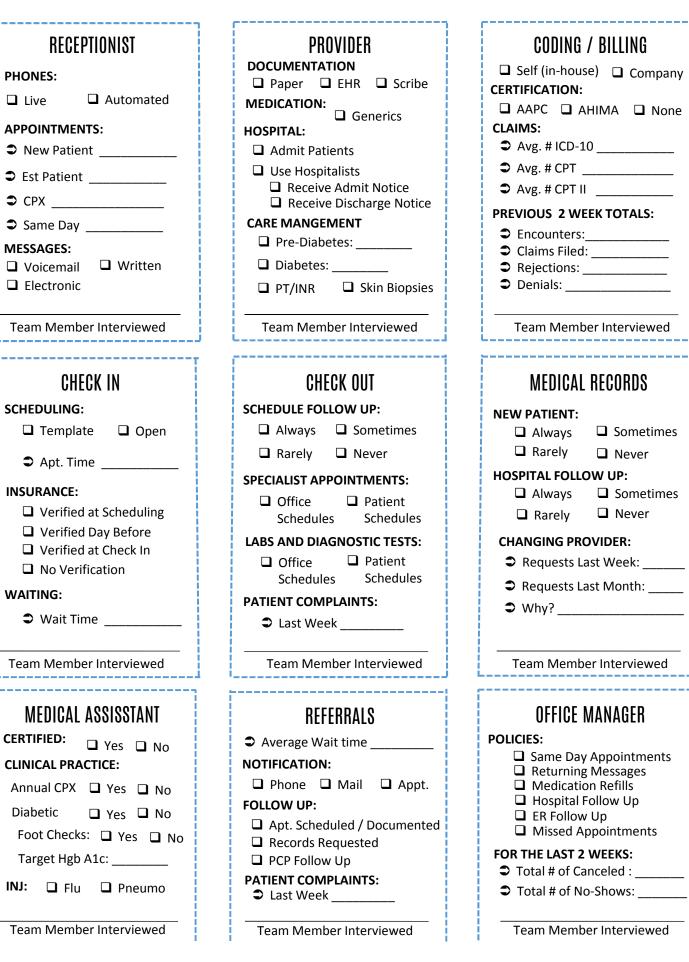


DATE:

PRACTICE:



RA	OBSERVATIONS					
		Wednesday	Thursday	Friday	Morning	
Start Time:		End Time:		Location:	Waiting Room	Front Office
	PATIENT	SIGN-IN	CALLED BACK	CHECK OUT	TOTAL TIME	
	#1					
	#2					
	#3					
	#4					
	#5					
		os at Window:				
		Wednesday			5	
Start Time:		End Time:		Location:	Waiting Room	Front Office

CYCLE TIMES:

PATIENT	SIGN-IN	CALLED BACK	CHECK OUT	TOTAL TIME
#1				
#2				
#3				
#4				
#5				

REPS:

Total Number of Reps at Window: _____

Total Number in Office: _____