**Doctor Sign-In Sheet**

*Please Sign In*



**[XYZ Clinic]**

[9682 Race Street, Medford, MA 02155]

[+12365874996]

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| --- | --- | --- | --- | --- | --- |
| **Patient Name** | **Treatment For** | **Doctor Name** | **Arrival Time** | **Visited** | **Sign** |
| Jacob | Cold and Fever | Dr. James | 11:00 | Visited |  |
| Henry | Viral Fever | Dr. James | 11:30 | Visited |  |
| William | Rashes | Dr. Emily | 5:30 | Not Visited |  |
| Lily | Stomach Pain | Dr. Aiden | 6:00 | Visited |  |
| Emma | Fever | Dr. James | 10:00 | Visited |  |
| Oliva | Fever | Dr. James | 12:00 | Visited |  |
| Abigail | Knee Pain | Dr. Nora | 4:30 | Visited |  |
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**Keep Smiling** 