

Please fill in In/Out times for each patient & indicate who's involved by circling the name below.

Check-in	Time In: _____	Cheri	Jen	Tonia	Amanda	
Chiropractor	Time In: _____ Time Out: _____					
Rehab	Time In: _____ Time Out: _____	Tonia	Amanda			
Check-out	<input type="checkbox"/> Scheduled Appt. <input type="checkbox"/> Submitted Payment <input type="checkbox"/> Bought Product	Time Out: _____	Cheri	Jen	Tonia	Amanda

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