

Arapaho Clinic  
403 W Campbell Rd Ste 103  
Richardson, TX 75080  
(972) 235-8311

Patient's Name: \_\_\_\_\_

Appointment Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_

The above named student/patient was seen in the office by the:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Physician          | <input type="checkbox"/> Nurse        |
| <input type="checkbox"/> Physician's Asst.  | <input type="checkbox"/> Office Staff |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Other        |

Patient may return to school/work:

- ☐ Today  
☐ Tomorrow  
☐ On \_\_\_\_\_

Physician Name: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_