FAILED AND CANCELED APPOINTMENT LIST
Week ending _____

Patient Name	Date	Physician's Initials			No Show	Canceled	Reason for Appointment	Physician Comment/Action (physician to initial)

Form should be circulated to appropriate physician.

Failed and Canceled Appointment List
Week ending _____

Patient's Name	Date	No Show	Cancelled	Reason for Appointment	Dr.'s Comment	Specify Action Taken - Initials

Missed appointment (no show) is an appointment action that occurs on the same day. Cancelled appointment may indicate a future appointment date was cancelled and not rescheduled in a timely manner. **Document in the medical record all <u>Actions Taken.</u>**