

# ESM Downtime Form

## Clinic Workflow

Downtime Date: ..... Downtime Start Time (hh:mm): ..... Downtime End Time (hh:mm):.....

Patient Name/ URN/Date of Birth <i>(write or attach label)</i>	Appt Date	Chargeable Status – Payment Class	Clinic/ Resource	Treating Clinician	Check In Check Out <i>(hh:mm)</i>	No Show <i>(tick)</i>	Cancel Reason	Reschedule Details
<i>John Smith #1234567 01/01/89</i>	<i>1/12/17</i>	<i>Public - Medicare</i>	<i>ENT</i>	<i>Jones, Barry</i>	In: <i>09:25</i> Out: <i>10:05</i>	<input type="checkbox"/>	<i>Moving to NSW</i>	<i>2/52 – currently admitted at PAH</i>
					In: Out:	<input type="checkbox"/>		
					In: Out:	<input type="checkbox"/>		
					In: Out:	<input type="checkbox"/>		

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					In: Out:	<input type="checkbox"/>		
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