

# FOOT SCREENING CLINIC APPOINTMENT SCHEDULE

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

TIME	NAME	EMAIL	PHONE	SHOE SZ
9:00				
9:20				
9:40				
10:00				
10:20				
10:40				
11:00				
11:20				
11:40				
12:00				
12:20				
12:40				
1:00				
1:20				
1:40				
2:00				
2:20				
2:40				
3:00				
3:20				
3:40				
4:00				

# FOOT SCREENING CLINIC APPOINTMENT SCHEDULE

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

TIME	NAME	PHONE NUMBER	SHOE SIZE
5:00			
5:20			
5:40			
6:00			
6:20			
6:40			
7:00			
7:20			
7:40			
8:00			