Name:_____

Clinical rotation:_____

Site/Dates:_____

Preceptor (s):_____

Please return to: clinicals@xusom.com
Fax: (516) 333-8151

DEPARTMENT OF CLINICAL SCIENCES

Observed (O)
Joint work with preceptor (P)
Independent clinical work (I)

Clinical Log

Date Case #	Demographics (gender, age, ethnicity)	Main problem	O P I	Number of Contacts	Actions (H+P, procedures, follow-up, etc.)	Preceptor's initials

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