

PC Paramedic: Appt Date: _____ Wkday _____ Time: _____

Appointment Ticket

Customer Name: _____

Customer Address: _____

Telephone: _____ Svc Call Fee: \$ _____

Description of Problem: _____

Directions: _____

Any Special Items to Bring? _____

Disposition

Total Received: \$ _____ | Hours Worked: _____

Problem Resolved? ___yes ___no

Followup Required?

Data Entered _____ Parts/Software? _____
into QuickBooks? _____

Miles Traveled: _____ _____

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