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**P R O C E D U R E L O G**

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| **STUDENT:** | **DATES:** |

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| **PRECEPTOR:** | **LOCATION:** | **ROTATION:** |

**GENERAL INSTRUCTIONS**

1. This log is cumulative for the entire rotation
2. Be sure all entries are legible
3. Make additional copies as needed
4. **Both Student and Preceptor must sign this log**
5. Submit log to Office of Rural Medical Education

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**LOCATION PERFORMED:** **O** = Office **ER** = Emergency Department **H** = Hospital

**PARTICIPATED/ASSISTED:** **O** = Observed **P** = Participated **M** = Managed Under Supervision

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|  | **Date** | **Patient** | | **Presenting Condition** | **Procedure(s) Performed** | **Location**  **Performed** | **Participated/**  **Assisted** |
| **Sex** | **Age** |
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| 6 |  |  |  |  |  |  |  |
| **#** | **Date** | **Patient** | | **Presenting Condition** | **Procedure(s) Performed** | **Location**  **Performed** | **Participated/**  **Assisted** |
| **Sex** | **Age** |
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**Signatures required:** Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**