

USA FAMILY MEDICINE CLINIC  
SCHEDULING OCCURRENCE REPORT

Report Date: \_\_\_\_\_ Occurrence Date: \_\_\_\_\_

Provider affected: \_\_\_\_\_

Person completing report: \_\_\_\_\_

1. Resident on the Yellow schedule but not in NextGen
2. Resident in NextGen but not on the Yellow schedule
3. Resident in New Innovations but not on the Yellow schedule
4. Resident not in New Innovations but on the schedule
5. Resident scheduled for 2 different places at the same time
6. To many providers/slots on the schedule
7. Not enough providers/slots on the schedule

Person responsible for the error: \_\_\_\_\_

Reason for the error: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_