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: ________________________________________________
___________________________________________________________
___________________________________________________________