

Office Waiting List Form

Office Name: _____

Department: _____

Date: _____

CLIENT INFORMATION

Full Name: _____

Phone Number: _____

Email: _____

Reason for Visit: _____

SERVICE DETAILS

Service Requested: _____

Preferred Time Slot: ☐ Morning ☐ Afternoon ☐ Evening

Urgency Level: ☐ Routine ☐ Urgent ☐ Immediate

WAITING LIST TABLE

Name	Contact Info	Service Requested	Urgency Level	Status

--	--	--	--	--

OFFICE WAITLIST POLICY

- Appointments will be scheduled based on availability.
- Urgent cases may be prioritized.
- Clients will receive a call, text, or email once their turn is approaching.

Signature: _____ Date: _____