From:		From:		
Date:	Time:	Date:	Time:	
Priority: ☐ High ☐ Norn	I nal □ Low	Priority: ☐ High ☐ Nor	mal 🗆 Low	
Mr / Mrs		Mr / Mrs		
☐ Called for you	☐ Returned your call	☐ Called for you	☐ R eturned your call	
☐ Stopped in to see you		☐ Stopped in to see you		
Message		Message		
☐ continued on back			continued on back	
C ontact Information		Contact Information		
☐ Work Phone:		☐ Work Phone:		
☐ Cell Phone:		☐ Cell Phone:		
□ E mail:		☐ E mail:		
☐ They will call again		☐ They will call again		
_		_		
From:		From:		
Date:	Time:	Date:	Time:	
Priority: ☐ High ☐ Normal ☐ Low		Priority: ☐ High ☐ Normal ☐ Low		
Mr / Mrs		Mr / Mrs		
☐ Called for you	☐ R eturned your call	☐ Called for you	☐ Returned your call	
☐ Stopped in to see you		☐ Stopped in to see you		
Message		Message		
☐ continued on back			continued on back	
Contact Information		Contact Information		
☐ Work Phone:		☐ Work Phone:		
☐ Cell Phone:		☐ Cell Phone:		
□ E mail:		□ E mail:		
☐ They will call again		☐ They will call again	☐ They will call again	