



Phone Message

To _____
 Date _____ Time _____

M _____
 of _____
 Phone _____

- | | |
|---|--|
| <input type="checkbox"/> Telephoned | <input type="checkbox"/> Please Call |
| <input type="checkbox"/> Came to See You | <input type="checkbox"/> Will Call Again |
| <input type="checkbox"/> Wants to See You | <input type="checkbox"/> Urgent |
| <input type="checkbox"/> Returned Your Call | <input type="checkbox"/> When Possible |

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Form 5003, Printed by:

By: _____



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