	Smiles NURSES	Clinic Name: Practice Manager:	
DENTAL NUR		Dental Nurse:	Stacy Leach
\prec	T	Week Ending:	Friday -

Day Date	Data	Start Time	Lunch		Other Break		Finish Time	Total	Comments
	Dale		Start	Finish	Start	Finish	riiisii fime	Hours	comments
	1	1			1	1	Total hours:		

Practice Manager Sign off: _____ Date:

Dental Nurse Sign off: Date: