



**Clinic Name:** \_\_\_\_\_

**Practice Manager:** \_\_\_\_\_

**Dental Nurse:** Stacy Leach \_\_\_\_\_

**Week Ending:** Friday - \_\_\_\_\_

Day	Date	Start Time	Lunch		Other Break		Finish Time	Total Hours	Comments
			Start	Finish	Start	Finish			
<b>Total hours:</b>									

**Practice Manager Sign off:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dental Nurse Sign off:** \_\_\_\_\_

**Date:** \_\_\_\_\_