



Office Wait-Time Log

Provider office location: _____ Date completed: _____

Submit completed log to CalViva Health on the first Tuesday of each month via secure fax to (559) 486-5892.

	Patient's initials	Appointment time (walk-in = N/A)	Arrival time	Time escorted to exam room
1				
2				
3				
4				
5				
6				
7				
8				
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