



Wipe down waiting room and play room with our 4x4's and enter your initials. Weekly, please turn completed form in to Doctors

| Week _____ | Mon | Tues | Wed | Thur | Fri |
|------------|-----|------|-----|------|-----|
| 8:00 AM | | | | | |
| 9:00 AM | | | | | |
| 10:00 AM | | | | | |
| 11:00 AM | | | | | |
| 12:00 PM | | | | | |
| 1:00 PM | | | | | |
| 2:00 PM | | | | | |
| 3:00 PM | | | | | |
| 4:00 PM | | | | | |
| 5:00 PM | | | | | |
| 6:00 PM | | | | | |
| 7:00 PM | | | | | |