

Name_____ Date_____

Forms and Applications Practice:

1. What is your full name? _____

**Full name = first and last name

2. What is your address?

Street Address_____

City_____ State_____ Zip Code_____

3. What is your phone number? (_____) _____ -- _____

4. Who is your emergency contact? _____

Scheduling Practice:

Answer each question by writing **YES** or **NO** on the line.

_____ 1. If I can walk-in to see the doctor, do I need to call for an appointment?

_____ 2. If I call the eye doctor at 2:00 for an appointment, is it likely that I can get to the doctor's office for an appointment at 2:15?

_____ 3. Should I make an appointment to go to a hairdresser (or barber)?

_____ 4. Do I need to make an appointment for a car wash? Like AutoBell?

_____ 5. If I call the dentist on Monday at 2pm, can I get to the office for an appointment on Wednesday at 9am?