



**MDC-LARP MONTHLY REPORT SHEET**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Only one report sheet should be submitted per month. If you practice at multiple locations, please combine all information on one report.

**June - 2013**

	Hours Worked/Week	# MMAP Scheduled Appts/Week	# MMAP Completed Appts/Week	Total # Patients/Week
06/01/2013 - 06/01/2013				
06/02/2013 - 06/08/2013				
06/09/2013 - 06/15/2013				
06/16/2013 - 06/22/2013				
06/23/2013 - 06/29/2013				
06/30/2013 - 06/30/2013				

**REMINDER:**

Authorized By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Please complete your monthly MDC-LARP Report Sheet and e-mail it by the 10th of the following month. Thank You!

E-mail: [dhmh.mdclarpprogram@maryland.gov](mailto:dhmh.mdclarpprogram@maryland.gov)

Please check here to confirm that all information provided is complete and accurate.

Note: This box must be checked for this report to be accepted.