



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.

May - 2013

	Hours Worked/Week	# MMAP Scheduled Appts/Week	# MMAP Completed Appts/Week	Total # Patients/Week
05/01/2013 - 05/04/2013				
05/05/2013 - 05/11/2013				
05/12/2013 - 05/18/2013				
05/19/2013 - 05/25/2013				
05/26/2013 - 05/31/2013				

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

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.