Medical Logbook for Physicians

Date.....

This is to certify that Doctor....., Scope of practice:.....,
License number:....., QID number:.....,
attended the clinical assessment and management of the following cases:

Date	Diagnosis	Number of cases	Name of supervisor

Medical director's name.....
License number.....
Signature.....

Supervisor's name.....
License number.....
Signature.....

Facility stamp:

Practitioner's name.....
Signature.....