

**RPICC OB SATELLITE CLINIC SERVICES REPORT**

Quarter: \_\_\_\_\_

Clinic date	Clinic location	# of RPICC pts scheduled	# of RPICC pts seen	# new RPICC pts	# return RPICC pts	# non-RPICC pts seen	# of Ultrasounds	# of amniocentesis	# of Other procedures	Name of clinic physician
Total for all clinics										