

iPRO™2 CLINIC EQUIPMENT LOG

Insights to Outcomes Evaluation Clinic

Clinic ID _____

Clinic Time _____

iPro2 recorder
serial#:

MDT Name: _____

MDT Phone: _____

	Last Name	First Name	Phone	Email	Start Date?	Finish Date?	Collection Consent	iPro2 Consent	Returned
<i>Eg</i>	<i>Jagger</i>	<i>Mick</i>	<i>12 3456 7890</i>	<i>mjagger@rolling.com.au</i>	<i>9 Jun</i>	<i>10 Jun</i>			
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