# Appointment Booking Requirements Example

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVICES AVAILABLE** | **DR 1** | **DR 2** | **DR 3** | **DR 4** |  | **APPT TIME** | **T/R TIME** | **NURSE** | **WHEN?** | **PRICE** |
| **SKIN** | | | | | | | | | | |
| Molescan | **√** |  |  | **√** |  | 20 | - |  | In Dr room | Included in consultation price |
| Skin Checks | **√** |  | **√** | **√** |  | 20 | - |  | In Dr Room | Included in consultation price |
| Biopsy | **√** |  |  | **√** |  | 20 | 20 |  | At the same time | Depends on histology |
| Excisions | **√** |  |  | **√** |  | 20 | 20 |  | At the same time | Depends on histology |
| Removal of sutures | **√** | **√** | **√** | **√** |  | 10 | 10 |  | At the same time | Routine aftercare - no charge |
| Wound dressings | **√** | **√** | **√** | **√** |  | 10 | 10 |  | At the same time | Concession $, Full Fee $ |
| **INJECTIONS/CANNULATIONS** | | | | | | | | | | |
| Iron infusions |  | **√** | **√** |  |  | 10 | 30 |  | At the same time | Cons + $ for infusion |
| **HA's AND CARE PLANS** | | | | | | | | | | |
| Health Assessment | **√** | **√** | **√** | **√** |  | 10 | - | 60 | RN First, then Dr | BB |
| **OTHER PROCEDURES** | | | | | | | | | | |
| Ear syringe (water wash out) | **√** | **√** |  |  |  | 20 | 20 |  | At the same time |  |
| Ear Toilet (suction of ears) |  |  | **√** | **√** |  | 20 | 20 |  | At the same time | Cons + $ |
| Catheter change |  | **√** |  |  |  | 20 | 20 |  | At the same time | Cons + $ |