

8502 Tybor Street
Houston, TX 77074
<http://www.MedRelief.com>



In Houston (713) 270-4836
Outside Houston (800) 342-6704
Fax (713) 596-9770
Toll Free Fax (866) 250-5321

CALL BACK SHEET

Name		Last 4 digits of Social Security: ____ _
For Week Ending	Specialty	Date of Birth: ____ / ____ / ____

Date	Patient Name	Exam Type	Time In *	Time Out **

* Time In is the time of arrival at the facility and receipt of the procedure order.
** Time Out is procedure completion time and the exit from the facility.

I certify that the hours shown above were worked by me during the week designated and were verified by authorized personnel. I have reviewed the material safety data sheets at this site as required by OSHA, I certify that no accident or injury was sustained by me while working on this assignment unless so stated in the comments section. I agree to contact MRS after completion of my assignment to discuss another assignment. If I fail to do so, MRS will assume I am not available to work and this may disqualify any claim for unemployment benefits. I understand that by signing this timesheet that I agree to all policies and procedures set forth by MRS and that I am responsible for knowing them.

I hereby certify that the above named employee has performed satisfactory service for the dates and times indicated and authorize billing for such services. I understand that MRS is not an employment agency and that the service rendered is made possible only by a substantial investment by MRS in advertising, testing and training. Therefore, in consideration for this service made available, in the event the above named employee is hired by this facility or subsidiary within the time period specified in the contract, I agree to pay MRS a fee, per contract agreement, as liquidated damages. I also understand that by signing this timesheet that it serves as a standard agreement that is binding with MRS and that I am subject to adhere to all of the policies and procedures set forth with that agreement.

Employee Signature

Facility Name

Facility Address

City, State and Zip

Authorized Supervisor's

Telephone Number

For Office Use Only