

# **ORCHARD MEDICAL**

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therapists@orchardmedicaluk.com

Therapist Name: \_\_\_\_\_

Therapist Address: \_\_\_\_\_  
\_\_\_\_\_

Place of Work: \_\_\_\_\_

Speciality & Grade: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

I have worked the hours indicated on this timesheet.

Client Signature: \_\_\_\_\_

I agree the total number of hours indicated on this timesheet is correct and I agree to your terms of business.

Client's Position: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Date</b>	<b>Day</b>	<b>Hours/Mins Worked</b>	<b>Community Miles</b>
	<b>Mon</b>		
	<b>Tues</b>		
	<b>Wed</b>		
	<b>Thurs</b>		
	<b>Fri</b>		
	<b>Sat</b>		
	<b>Sun</b>		
	<b>Total</b>		

Please keep the bottom copy and return the top two to Orchard Medical