

From:	
Date:	Time:
Priority: <input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Low	
Mr / Mrs	
<input type="checkbox"/> Called for you	<input type="checkbox"/> Returned your call
<input type="checkbox"/> Stopped in to see you	
<i>Message</i>	
<input type="checkbox"/> continued on back	
<i>Contact Information</i>	
<input type="checkbox"/> Work Phone:	
<input type="checkbox"/> Cell Phone:	
<input type="checkbox"/> E mail:	
<input type="checkbox"/> They will call again	

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