

Patient Name: _____ (First) _____ (Last) Date of Service: _____
 Patient Address: _____ (City) _____ (State) _____ (Zip)
 Date of Birth: _____ PT SS#: _____
 Name Of Ins. Carrier: _____ PT Phone #: _____
 Ins. ID: _____ Group #: _____ Sex: Male Female: _____



Office		Prevent		Immunizations		Medication: Write in Dose Given	
<input type="checkbox"/>	99201 Level 1	<input type="checkbox"/>	99211	<input type="checkbox"/>	90715 V06.1	<input type="checkbox"/>	J7609 Albuterol
<input type="checkbox"/>	99202 Level 2	<input type="checkbox"/>	99212	<input type="checkbox"/>	90702 V06.5	<input type="checkbox"/>	J10 Depo Medrol _____ mg
<input type="checkbox"/>	99203 Level 3	<input type="checkbox"/>	99213	<input type="checkbox"/>	90700 V06.1	<input type="checkbox"/>	J3301 Kenalog > 10mg _____ mg
<input type="checkbox"/>	99204 Level 4	<input type="checkbox"/>	99214	<input type="checkbox"/>	90721 V06.8	<input type="checkbox"/>	J0696 Rocephin > 250mg _____ mg
<input type="checkbox"/>	99205 Level 5	<input type="checkbox"/>	99215	<input type="checkbox"/>	90658 V04.81	<input type="checkbox"/>	J1885 Toradol, 15 mg _____ mg
<input type="checkbox"/>	99411 Phone Evaluation Estab Pt	<input type="checkbox"/>	99381 (Under 1yr)	<input type="checkbox"/>	90657 V04.81		
		<input type="checkbox"/>	99382 (1-4)	<input type="checkbox"/>	90649 V05.8		
		<input type="checkbox"/>	99383 (5-11)	<input type="checkbox"/>	90660 V04.81		
		<input type="checkbox"/>	99384 (12-17)	<input type="checkbox"/>	90746 V05.3		
		<input type="checkbox"/>	99385 (18-39)	<input type="checkbox"/>	90744 V05.3		
		<input type="checkbox"/>	99386 (40-64)	<input type="checkbox"/>	90633 V05.3		
		<input type="checkbox"/>	99387 (65+)	<input type="checkbox"/>	90748 V06.8		
		<input type="checkbox"/>		<input type="checkbox"/>	90645 V03.81		
		<input type="checkbox"/>		<input type="checkbox"/>	90713 V04.0		
		<input type="checkbox"/>		<input type="checkbox"/>	90733 V03.89		
		<input type="checkbox"/>		<input type="checkbox"/>	90707 V06.4		
		<input type="checkbox"/>		<input type="checkbox"/>	90723 V06.8		
		<input type="checkbox"/>		<input type="checkbox"/>	90698 V06.8		
		<input type="checkbox"/>		<input type="checkbox"/>	90732 V03.82		
		<input type="checkbox"/>		<input type="checkbox"/>	90669 V03.82		
		<input type="checkbox"/>		<input type="checkbox"/>	90681 V04.89		
		<input type="checkbox"/>		<input type="checkbox"/>	90716 V05.4		
		<input type="checkbox"/>		<input type="checkbox"/>			

Office Procedures	
<input type="checkbox"/>	17000 Destruction, Premalignant 1
<input type="checkbox"/>	17003 Destruction, Premalignant 2-14
<input type="checkbox"/>	17110 Destructionbenign 1 -14
<input type="checkbox"/>	69210 Ear Washing
<input type="checkbox"/>	93000 EKG Tracing & Reading
<input type="checkbox"/>	11200 Exc. Skin Tags #1-15
<input type="checkbox"/>	11201 Exc. Skin Tags each addnl 10
<input type="checkbox"/>	10060 I&D Abscess
<input type="checkbox"/>	20610 Joint Asp./Inj. Major
<input type="checkbox"/>	20600 Joint Asp./Inj. Small
<input type="checkbox"/>	94664 Nebulizer Treatment
<input type="checkbox"/>	94760 Pulse Oximetry
<input type="checkbox"/>	92567 Tympanometry

Injections	
<input type="checkbox"/>	96372 Admin (I'm or Subq)
<input type="checkbox"/>	95117 Allergy Inj-Mult.
<input type="checkbox"/>	95115 Allergy Inj-Single
Labs Drawn	
<input type="checkbox"/>	36415 Venipuncture
<input type="checkbox"/>	82948 Accucheck
<input type="checkbox"/>	81002 Urinalysis
<input type="checkbox"/>	81025 Urine Preg. Test
<input type="checkbox"/>	85013 HB, HCT
Immunization Administration	
<input type="checkbox"/>	90460 < 18 Years: Single
<input type="checkbox"/>	90461 < 18 Years : Each Additional
<input type="checkbox"/>	90471 Adult: Single
<input type="checkbox"/>	90472 Adult: Each Additional
<input type="checkbox"/>	90473 Adult: Intranasal, Oral

Diagnostics / Screenings	
<input type="checkbox"/>	94060 Brochospasm Evaluation
<input type="checkbox"/>	96110 Developmental Screening
<input type="checkbox"/>	93000 EKG
<input type="checkbox"/>	92551 Hearing - Pure tone, Air Only
<input type="checkbox"/>	V5008 Hearing Screen
<input type="checkbox"/>	86580 PPD - Mantoux V74.1
<input type="checkbox"/>	94010 Spirometry
<input type="checkbox"/>	99173 Vision Screen, 3 Yrs & Up
<input type="checkbox"/>	58300 Insertion IUD
<input type="checkbox"/>	58301 Removal IUD

INFECTION	
<input type="checkbox"/>	079.99 Viral Infection
<input type="checkbox"/>	078.10 Warts, Unsp
ENDOCRINE, NUTRITIONAL	
<input type="checkbox"/>	276.51 Dehydration
<input type="checkbox"/>	250.00 DMII, uncomplicated
<input type="checkbox"/>	271.9 Glucose Intolerance
<input type="checkbox"/>	272.2 Hyperlipidemia, Mixed
<input type="checkbox"/>	272.4 Hyperlipidemia, Unsp
<input type="checkbox"/>	244.9 Hypothyroidism
<input type="checkbox"/>	278.00 Obesity
S&S	
<input type="checkbox"/>	789.00 Abdominal Pain, Unspec
<input type="checkbox"/>	719.40 Arthraigia
<input type="checkbox"/>	786.50 Chest pain
<input type="checkbox"/>	786.2 Cough
<input type="checkbox"/>	787.91 Diarrhea, NOS
<input type="checkbox"/>	780.4 Dizziness/Vertigo NOS
<input type="checkbox"/>	782.3 Edema Localized, NOS
<input type="checkbox"/>	780.60 Fever
<input type="checkbox"/>	780.79 Fatigue
<input type="checkbox"/>	784.0 Headache, Unspec
<input type="checkbox"/>	785.6 Lymph Nodes, Enlarged
<input type="checkbox"/>	729.5 Pain in Limb
<input type="checkbox"/>	785.1 Palpitations
<input type="checkbox"/>	782.1 Rash, Unspec
<input type="checkbox"/>	786.05 Shortness of Breath
MENTAL	
<input type="checkbox"/>	314.00 ADD
<input type="checkbox"/>	314.01 ADHD
<input type="checkbox"/>	300.00 Anxiety State
<input type="checkbox"/>	311 Depression
<input type="checkbox"/>	780.52 Insomnia Unsp
<input type="checkbox"/>	305.1 Tobacco Abuse

CNS	
<input type="checkbox"/>	354.0 Carpel Tunnel
<input type="checkbox"/>	346.90 Migraine
<input type="checkbox"/>	355.9 Neuropathy
<input type="checkbox"/>	724.3 Sciatica
<input type="checkbox"/>	327.23 Sleep Apnea Obstructive
MENSTRUATION	
<input type="checkbox"/>	626.0 Amenorrhea
<input type="checkbox"/>	626.2 Menorrhagia
<input type="checkbox"/>	627.9 Menopausal Disorder
<input type="checkbox"/>	626.6 Metrorrhagia
<input type="checkbox"/>	625.3 Painful Menstruation
<input type="checkbox"/>	626.4 Irregular Period
SKIN	
<input type="checkbox"/>	706.1 Acne, Other
<input type="checkbox"/>	682.9 Cellulitis/Abscess
<input type="checkbox"/>	692.9 Contact Dermatitis, NOS
<input type="checkbox"/>	691.8 Eczema, Atopic Dermatitis
<input type="checkbox"/>	110.1 Onychomycosis
<input type="checkbox"/>	709.9 Other Skin Disease
<input type="checkbox"/>	698.9 Pruritus
<input type="checkbox"/>	695.3 Rosacea
<input type="checkbox"/>	706.2 Sebaceous Cyst
<input type="checkbox"/>	111.0 Tinea Versicolor
<input type="checkbox"/>	708.9 Urticaria, Unspec
EAR DISEASE	
<input type="checkbox"/>	380.10 Otitis Ext
<input type="checkbox"/>	382.00 Otitis Media w/o Rupture
<input type="checkbox"/>	780.4 Vertigo NOS
<input type="checkbox"/>	386.10 Vertigo, Peripheral Unsp
<input type="checkbox"/>	380.4 Wax in Ear

EYE DISEASES	
<input type="checkbox"/>	372.30 Conjunctivitis
<input type="checkbox"/>	368.9 Visual Disturbance
SKELETAL	
<input type="checkbox"/>	724.4 Back Pain w/ Radiation
<input type="checkbox"/>	729.1 Fibromyalgia
<input type="checkbox"/>	729.1 Myalgia/Myositis, Unspec
<input type="checkbox"/>	715.90 Osteoarthritis, Unspec
<input type="checkbox"/>	733.00 Osteoporosis, Unspec
<input type="checkbox"/>	729.5 Pain in Limb
CIRCULATORY SYSTEM	
<input type="checkbox"/>	794.31 Abnormal EKG
<input type="checkbox"/>	427.31 Atrial Fibrillation
<input type="checkbox"/>	796.2 Elevated BP
<input type="checkbox"/>	429.9 Heart Disease
<input type="checkbox"/>	401.9 Hypertension
<input type="checkbox"/>	780.39 Seizure NOS
<input type="checkbox"/>	454.9 Varicose Veins
URINARY SYSTEM DISEASES	
<input type="checkbox"/>	595.0 Cystitis, Acute
<input type="checkbox"/>	585.9 Chronic Kidney Disease
<input type="checkbox"/>	593.9 Renal Insufficiency, Acute
<input type="checkbox"/>	599.0 UTI
MALE GENITAL DISEASES	
<input type="checkbox"/>	600.00 BPH w/o Obstruction
<input type="checkbox"/>	607.84 Impotence, Organic
<input type="checkbox"/>	099.40 Urethritis
BREAST DISEASES	
<input type="checkbox"/>	611.9 Breast Disease
<input type="checkbox"/>	611.72 Breast Lump
<input type="checkbox"/>	793.80 Mammogram, Abnormal
<input type="checkbox"/>	611.0 Mastitis, NOS

FEMALE GENITAL DISEASES	
<input type="checkbox"/>	616.2 Bartholin Cyst
<input type="checkbox"/>	616.0 Cervicitis
<input type="checkbox"/>	616.10 Vaginitis/Vulvitis, Uspc
PULMONARY	
<input type="checkbox"/>	493.90 Asthma, Unspec
<input type="checkbox"/>	519.11 Bronchospasm, Acute
<input type="checkbox"/>	466.0 Bronchitis, Acute
<input type="checkbox"/>	462 Phayngitis, Acute
<input type="checkbox"/>	486 Pneumonia, Unspec
<input type="checkbox"/>	477.9 Rhinitis, Allergic
<input type="checkbox"/>	472.0 Rhinitis, Chronic
<input type="checkbox"/>	461.9 Sinusitis, Acute
<input type="checkbox"/>	473.9 Sinusitis, Chronic
<input type="checkbox"/>	465.9 URI
<input type="checkbox"/>	463 Tonsillitis
GI	
<input type="checkbox"/>	574.20 Cholelithiasis NOS
<input type="checkbox"/>	564.00 Constipation
<input type="checkbox"/>	562.10 Diverticulosis
<input type="checkbox"/>	536.8 Dyspepsia
<input type="checkbox"/>	530.10 Esophagitis
<input type="checkbox"/>	535.50 Gastritis
<input type="checkbox"/>	558.9 Gastroenteritis
<input type="checkbox"/>	530.81 GERD
<input type="checkbox"/>	455.6 Hemorrhoids, NOS
<input type="checkbox"/>	787.03 Vomiting, Alone
<input type="checkbox"/>	783.21 Weight Loss
SUPPLEMENTAL CLASSIFICATION	
<input type="checkbox"/>	V20.2 Health Check - Child/Infant
<input type="checkbox"/>	V70.0 Health Checkup, > 18
<input type="checkbox"/>	V70.5 School Physical

COPY

\$ _____

Check Cash

Physician Signature: _____

Date: _____