Date of Service: _____

Patient Name: _____ Charge: $ _____
Last First

Date of Birth: _____ Paid: $ _____

☐ Check ☐ Cash

Patient Address: _____
City State Zip

Name Of Ins Carrier: _____ PT Phone #: _____

Ins. ID: _____ Group #: _____ Sex Male ☐ Female ☐

Office

NEW		EST
☐ 99201	Level 1	☐ 99211
☐ 99202	Level 2	☐ 99212
☐ 99203	Level 3	☐ 99213
☐ 99204	Level 4	☐ 99214
☐ 99205	Level 5	☐ 99215
☐ G0438		☐ G0439
☐ 99411	Phone Eval	☐ G0402

Prevent

NEW		EST
☐ 99381	Under 1yr)	☐ 99391
☐ 99382	(1-4)	☐ 99392
☐ 99383	(5-11)	☐ 99393
☐ 99384	(12-17)	☐ 99394
☐ 99385	(18-39)	☐ 99395
☐ 99386	(40-64)	☐ 99396
☐ 99387	(65+)	☐ 99397

Immunizations

☐ 90715	V06.1	Tdap/Adacel/Boostrix
☐ 90702	V06.5	DT (Pediatric)
☐ 90700	V06.1	DTap (Under 7 Years)
☐ 90721	V06.8	Dtap-Hib
☐ 90658	V04.81	Flu Shot, No Pres >3
☐ 90657	V04.81	Flu, 6-35 mos.
☐ 90649	V05.8	Gardasil 1st 2nd 3rd
☐ 90660	V04.81	Influenza Intranasel
☐ 90746	V05.3	Heb B (18 & Older)
☐ 90744	V05.3	Heb B (18 & Under)
☐ 90633	V05.3	Hep A (18 & Under)
☐ 90632	V05.3	Hep A (19 & Older)
☐ 90748	V06.8	Hep B - Hib
☐ 90645	V03.81	Hib, GbOC Conjugate
☐ 90713	V04.0	IPV
☐ 90733	V03.89	Meningococcal
☐ 90707	V06.4	MMR
☐ 90723	V06.8	Pediarix
☐ 90698	V06.8	Pentacel
☐ 90732	V03.82	Pneumovax
☐ 90669	V03.82	Prevnar (4 & Under)
☐ 90670	V03.82	Pneumococcal 13
☐ 90681	V04.89	Rotateq 1st 2nd
☐ 90716	V05.4	Varivax (Varicella)
☐ 86580	V74.1	Skin Test, Tuberculesis

Immunization Administration

☐ 90460	< 18 Years: Single
☐ 90461	< 18 Years : Each Additional
☐ 90471	Adult: Single
☐ 90472	Adult: Each Additional
☐ 90473	Adult: Intranasal, Oral

Diagnostics / Screenings/ Procedures

☐ 94060	Brochospasm Evaluation
☐ 96110	Developmental Screening
☐ 93000	EKG Tracing & Reading
☐ 92551	Hearing - Pure tone, Air Only
☐ V5008	Hearing Screen
☐ 20600	Joint Asp./ Injection Small
☐ 20605	Joint Asp./ Injection Medium
☐ 20610	Joint Asp./ Injection Major
☐ 94664	Nebulizer Treatment
☐ 94010	Spiromentry
☐ 69210	Removal Impacted Cerumen
☐ 99173	Vision Screen, 3 Yrs & Up
☐ 58300	Insertion IUD
☐ 58301	Removal IUD

Medication: Write in Dose Given

☐ J7609	Albuterol
☐ J10____	Depo Medrol _____ mg
☐ J3301	Kenalog > 10mg _____ mg
☐ J0696	Rocephin > 250mg _____mg
☐ J3250	Tigan, 200 mg _____ mg
☐ J1885	Toradol, 15 mg _____mg
☐ J3420	Vitamin B12, 1000 mcg

Injections

☐ 96372	Admin (I'm or Subq)
☐ 95117	Allergy Inj-Mult.
☐ 95115	Allergy Inj-Single

Labs Drawn

☐ 36415	Venipuncture
☐ 82948	Accucheck
☐ 81002	Urinalysis
☐ 81025	Urine Preg. Test
☐ 85013	HB, HCT

Diagnosis

☐	Abdominal Pain, Unspec	789.00
☐	Amenorrhea	626.0
☐	Anemia	285.9
☐	Asthma, Unspec	493.90
☐	Back Pain, Unspec	724.5
☐	Bronchitis, Acute	466.0
☐	Conjunctivitis	372.30
☐	Dermatitis, NOS	692.9
☐	DMII Unspecified	250.00
☐	DMII Uncontrolled	250.02
☐	DMII Nephropathy; Uncomp	250.40
☐	DMII Neuropathy; Uncompl	250.60
☐	Depression	311
☐	Dizziness/Vertigo	780.4
☐	Fibromyalgia	729.1
☐	Gastritis	535.50
☐	Gastroentoritis	558.9
☐	GERD	530.81
☐	Heart Disease	429.9
☐	Headache, Unspec	784.0
☐	Hyperlipidemia	272.4
☐	Hypertension	401.9
☐	Hypothyroidism	244.9
☐	Irregular Period	626.4
☐	Otitis Ext	380.10
☐	Otitis Media w/o Rupture	382.00
☐	Rhinitis, Allergic	477.9
☐	Sinusitis, Acute	461.9
☐	Tonsillitis	463
☐	Vaginitis	616.10
☐	Health Check- Child/Infant	V20.2
☐	Health Checkup, >18	V70.0
☐	Gyn Exam w/ w/o pap	V72.31
☐	Cervical Pap Smear	V76.2

Service	Diagnosis
1	1
2	2
3	3
4	4

Balance: $ _____

Physician Signiture: _____ Date _____