

PLEASE RETURN THIS FORM TO RECEPTIONIST

Pt Name: _____ Date: _____ Time In: _____
Bill #: _____ [] Care [] Priv. [] MC [] Medicaid [] Cash Time Out: _____

SYMPTOMS/ DIAGNOSIS

R10.9 Abdom. Pain
R63.4 Abn. Weight Loss
T78.4 Allergic Reaction
G30.9 Alzheimers
D64.9 Anemia
D51.0 Anemia, Pernicious
I20.9 Angina
F41.9 Anxiety
R06.81 Apnea
I49.9 Arrhythmia, Cardiac
I70.0 Atherosclerosis - Aorta
J45.909 Asthma
I48.0 Atrial Fib.
I48.1 Atrial Flutter
I47.1 Atrial Tach.
E53.8 B-12 Defic.
M54.9 Back Pain
K92.1 Blood - Stool
N40.0_ BPH
R00.1 Bradycardia
I49.5 Brady/Sick Sinus
J42 Bronchitis, Chronic
J20._ Bronchitis, Acute
M71.9 Bursitis, unspecified
(site-specific codes available)
C50._ CA - breast
C34._ CA - lung
C61 CA - prostate
L03._ Cellulitis
L02._ Abscess
L03.11_ Cellulitis, Leg
I25.10 CAD
R07.89 Chest Discomfort
R07.9 Chest Pain
K74.60 Cirrhosis of Liver
K51.90 Colitis Ulcerative
J00 Common Cold
R41.0 Confusion
I50.9 CHF
K59.00 Constipation
J44.9 COPD
R05 Cough
K50.90 Crohn's
I63.9 CVA
L89._ Decub. Ulcers
E86.0 Dehydration
F03 Dementia
F32.9 Depression
E11.9 Diabetes II - non ins.
E10.9 Diabetes I - ins. Dep
R19.7 Diarrhea
K57.92 Diverticulitis
K57.90 Diverticulosis
R42 Dizziness
R60.9 Edema
I38 Endocarditis
K21.0 Reflux esophagitis
R53.83 Fatigue
R50.9 Fever
K29.70 Gastritis
K21.9 GERD
K92.2 G.I. Bleed
M10.9 Gout
R51 Headache
Z00.010 Health Check Up
R31.9 Hematuria

B02.9 Herpes Zoster
B00.9 Herpes Simplex
K44.9 Hiatal Hernia
E78.5 Hyperlipidemia
I10 Hypertension
E03.9 Hypothyroidism
E05.9_ Hyperthyroidism
F52.21 Impotence
J10.1 Influenza
G47.0 Insomnia
K58.9 Irr. Bowel Syn
M32.9 Systemic lupus erythematosus
R41.82 Mental Status Change
G43.9 Migraine
M79.1 Muscle Pain
I21.9 Myocardial Infarct/Acute
I25.2 Myocardial Infarct/Old
M54.2 Neck Pain
G62.9 Neuropathy
R11.0 Nausea, vomiting
R11.1 Nausea
E66.9 Obesity
M19.90 Osteoarthritis
H66.9_ Otitis Media
G20 Parkinsons
J02.9 Pharyngitis
R09.1 Pleurisy
J12.9 Pneumonia, viral
J18.9 Pneumonia
N41.9 Prostatitis
I73.9 PVD
M54.1_ Radiculopathy
N19 Renal Failure
M06.9 Rheum Arthritis
M54.3_ Sciatica
G40.909 Seizure Dis.
R06.02 Short. Of breath
J32.9 Sinusitis
G47.9 Sleep Disorder
I47.1 SVT
R55 Syncope
G45.9 T.I.A.
R00.0 Tachycardia
M77.9 Tendonitis
K26.9 Ulcer, Duodenal
K25.9 Ulcer, Gastric
K27.9 Ulcer, Peptic
I20.0 Unstable Angina
U06.9 U.R.I.
N39.0 U.T.I.
R42 Vertigo
R11.3 Vomiting
R63.4 Weight Loss
R63.5 Weight Gain

Prolonged Svc 99354 ____ min.

CONSULTS

Req. Phys: _____
Consult 1 _____ 99241
Consult 2 _____ 99242
Consult 3 _____ 99243
Consult 4 _____ 99244
Consult 5 _____ 99245

PROCEDURES

Arthrocentesis _____ 206_
CEM _____ G000_
Ear Lavage _____ 69210
EKG _____ 93000
Holter - 24 hrs _____ 93224
Inhalation TX _____ 94640
Stress Test _____ 93015
Vascular Study _____ 93923

INJECTIONS

Admin. _____ 90782
B-12 ** _____ J3420
Decadron _____ J1100
Depo-Testost _____ J1320
Estradiol _____ J1390
Influenza Imm _____ 90659
Influ. Admin _____ G0008/90471
Lincocin _____ J2010
Nubain _____ J2300
Phenergan _____ J2550
Pneumonia Imm. _____ 90732
Pneum Admin. _____ G0009/90471
Tet. Toxoid _____ J1670

LABORATORY

Basic Med. Panel _____ 80048
CBC _____ 85024
Comp. Met. Panel _____ 80053
Drug Screen _____ 80100
General Health Panel _____ 80050
Glucose _____ 82947
Hepatic Panel _____ 80076
KOH Wet Prep _____ 87219
Lipid Profile _____ 80061
Liver Profile _____ 80076
Mono Test _____ 86300
Pap Smear [] screen _____ 88150
ProTime _____ 85610
PSA _____ 84153
SGOT - blood _____ 84450
Thyroid _____ 87060
Thyroid Profile _____ 80070
Triglycerides _____ 84478
UA _____ 81002
Uric Acid _____ 84550
Venipuncture _____ 36415/G0001
Veni. By phys. _____ 36410

RETURN TO OFFICE:

____ Days Weeks Mos As Needed

OFC E&M New Estab

Level 1 _____ 99201 99211
Level 2 _____ 99202 99212
Level 3 _____ 99203 99213
Level 4 _____ 99204 99214
Level 5 _____ 99205 99215