

1st VISIT	APPT TIME	TIME IN	PROVIDER TIME	TIME OUT
YES				
NO				

OFFICE VISITS-NEW	PROCEDURES CONT.	IMMUNIZATIONS CONT.	IN HOUSE LABORATORY CONT.	CONTROL MENU
Approx 15 Min 99202	Electrocardiogram 93000	Varicella 1 90716.01	Urinalysis 81002	ENTER
Approx 30 Min 99203	Hearing Test 92541	Varicella 2 90716.02	Wet Mount/KOH 87210	
Approx 45 Min 99204	I & D Abscess 10060	INJECTIONS	Theophylline 85045	
Approx 60 Min 99205	Laceration Repair <2.5 cm 12001	Benadryl, Up to 50 mg J1200	Throat Culture 87060	ESCAPE
OFFICE VISITS-ESTABLISHED	Laceration Repair 2.6-7.5cm 12002	Bicillin LA, Up to 1,200,000 Units J0570	TORCH Antibody 80090	
Approx 5 Min Nurse 99211	Laceration Repair 7.5-12.5cm 12004	Depo Provera, 150 mg J1055	LABORATORY REFERRED OUT	SAVE - F4
Approx 15 Min 99213	Nebulizer Treatment 94640	Dramamine, Up to 50 MG J0170	Glucose Lab 82947	
Approx 25 Min 99214	Peak Flow 94150	Epinephrine, Up to 1 ml ampule J0170	Hepatitis Profile 80074	SCREEN 1 - ALT+1
Approx 40 Min 99215	Pulse Oximetry 94760	Insulin, Up to 100 Units J1820	HIV 86701	
Telephone Consultation (Pt, Other Hlthcare Prof.) 99371	Wart Destruction 1-15 17110	Lasix, Up to 20mg J1940	Iron 83540	SCREEN 2 - ALT+2
PREVENTIVE SERVICES-NEW	SCREENING	Phenergan, Up to 50 mg J2550	Lead 86355	
Under 1 Yr. 99381	Hearing Screening W7020	Rocephin Per 250 MG J0696	Lipid Profile 80061	ZAP - F9
1-4 Yr.s 99382	Vision Screening W7087	Vitamin, B-12 Up To 1,000 MCG J3420	OB Profile 80055	
5-11 Yrs 99383	IMMUNIZATIONS	Xylocain, HCL 50cc J2000	Pregnancy Test Blood 84703	CLEAR - F10
12-17 Yrs. 99384	DT 1 90702.01	Therapeutic Injection Other 90782	Rubella Titer 86762	
18-39 Yrs. 99385	DT 2 90702.02	Specify:	TSH 84443	ADD PAYOR
40-64 Yrs. 99386	DT 3 90702.03	Antibiotic Injection Other 90788	Urine Micro 81001	
65PLUS Yrs. 99387	DtaP 1 90700.01	Specify	VDRL 86592	GO TO PAYOR
PREVENTIVE SERVICES-ESTAB.	DtaP 2 90700.02	IN HOUSE LABORATORY	SUPPLIES	
Under 1 Yr. 99391	DtaP 3 90700.03	Accucheck 82962	Ace Bandage 99070.01	GO TO DATE
1-4 Yr.s 99392	DtaP B1 90700.04	CBC w/Diff 85025	Alesse 99070.02	
5-11 Yrs 99393	DtaP B2 90700.05	Chlamydia Gonorrhea 87797	Condoms 99070.03	GO TO DX#1
12-17 Yrs. 99394	Flu Vaccine 90657	Cholesterol 82465	Doxycycline 50001386	
18-39 Yrs. 99395	HIB-4 Dose Schedule 1 90645.01	Ferritin 82728	Foam 624130	GO TO DX#2
40-64 Yrs. 99396	HIB-4 Dose Schedule 2 90645.02	Glucose 1 Hr. 82950	Gel/Creams 99070.07	
65PLUS Yrs. 99397	HIB-4 Dose Schedule 3 90645.03	HGB Electrophoresis 83020	Lo Ovral 82514	GO TO DX#3
Make-Up Visit W7588	HIB-4 Dose Schedule 4 90645.04	Hemoccult 82270	Metronidazole 50000722	
PREVENTIVE MEDICINE COUNSELING	Hep B Ped/Adol 1 90744.01	Hemoglobin 85018	Nordette 82533	GO TO DX#4
Individual 15 Minutes 99401	Hep B Ped/Adol 2 90744.02	Hep B Antigen 87340	O-N 777 Refill 621781	
Individual 30 Minutes 99402	Hep B Ped/Adol 3 90744.03	Herpes 87529	O-N 777 1071781	GO TO NOTE
Individual 45 Minutes 99403	Hep B-Adult 90746	Lipid Profile 80061	O-N 135 Phold	
Individual 60 Minutes 99404	Heb B-HiB 1 90748.01	Lithium Level 80178	Ortho Tricyclen 62190215	DX LIBRARY
Group Counseling 30 Minutes 99411	Heb B-HiB 2 90748.02	Metabolic Panel, Basic 80048	Terazole Cream 50002641	
Group Counseling 60 Minutes 99412	Heb B-HiB 3 90748.03	Metabolic Panel, Comprehensive 80053	Terazole Suppository 50002643	CPT LIBRARY
PSYCHIATRIC THERAPEUTIC	IPV 1 90713.01	Monospot 86308		
Diagnostic Interview/Exam 90801	IPV 2 90713.02	Lithium Level 80178		
Individual Therapy 90806	IPV 3 90713.03	Pap Smear 88150		
Group Therapy (Not Family Group) 90853	IPV 4 90713.04	PPD/TB 86580		
Family Therapy 90846	IPV 5 90713.05	Pregnancy Test Visual Color 81025		
Medication Management 90862	MMR 1 2 90707.01	Rapid Strep 86588		
PROCEDURES	MMR 1 2 90707.02	RPR 86592		
Cerumen Removal 69210	Pneumococcal Adult 90732	SCP 85660		
Diaphragm Fitting 57170	PPD/TB 86580	Throat Culture/Screening 87081		
Specify	Tetanus 90703	Urine Dip 81000		
	TD Adult 90718	Urine Culture 87086		

Follow-Up ___ Days ___ Weeks ___ Months
 Phys Exam
 Well Child Time _____

Provider _____ X
 Referral To: _____

Amoxicillin Phold
 Bactrium Phold
 Dramimine Phold

Cash Initial
 Credit Cd
 Check # _____

DATE LAST PAID	PREV PT BALANCE	TODAY'S CHARGE	DISCOUNT AMOUNT	AMOUNT DUE	AMOUNT PAID	BALANCE DUE	PEDS/ADULT/PSYCH ENCOUNTER
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