

FAMILY URGENT CARE

Tax ID 95

Medicare

Ins.

Self Pay

W/C

Other

Patient Name: Larson, David

DOS: 5/16/02

Superbill #

1. - OFFICE VISIT - New Pt.

- 99201 Brief
 - 99202 Limited
 - 99203 Interm.
 - 99204 Extended
 - 99205 Compreh.
2. - OFFICE VISIT - Est. Pt.
- 99211 Brief
 - 99212 Limited
 - 99213 Interm.
 - 99214 Extended
 - 99215 Compreh.

50

3. - WOUND REPAIR

- Anesthesia None Local
- Scalp, Axilla, Trunk, Extremities
- 12001 2.5 cm or less
 - 12002 2.6 cm to 7.5 cm
- Face, Ears, Eyelids, Nose, Lips
- 12011 2.5 cm or less
 - 12013 2.6 cm to 7.5 cm
- Neck, Hands, Feet &/or External Genitalia
- 12041 2.5 cm or less
 - 12042 2.6 cm to 5.0 cm

4. - PROCEDURES

- 92552 Audiogram
- 11730 Avulsion Nail Plate
- 11040 Debrim. Abrasion
- 69210 Ear Lavage
- 93000 EKG
- 11200 Ex. Skin Tags
- 11750 Exc. Ingrown Nail
- 85205 Foreign Body Eye
- 10120 Foreign Body Skin
- 10060 I & D Abscess Sim.
- 11740 I & D Sub. Hem.
- 20600 Inj. Finger/Toes
- 20560 Inj. Lig., Trigger Point
- 20610 Inj. Sh. Hip Knee
- 20605 Inj. Wr. Elb. Ankle
- 17110 Wart Destruction
- Other

65

5. - LABORATORY

- 82947 Accucheck
- 88632 Chlamydia
- 99000 Collect. & Hand.
- 87070 Culture, Bact.
- 88225 DNA
- 80100 Drug Test
- 80050 General Panel
- 80C78 Hepatitis Panel
- 87530 Herpes Simplex
- 87390 HIV
- 80061 Lipid Prof.
- 84703 Preg. Serum
- 81025 Preg. Urine
- 85610 PT PTT - II
- 85652 Sed Rate
- 87430 Strep Quick
- 85562 Syphilis
- 80091 Thyroid
- 84443 TSH
- 81000 UA
- 81015 UA & Micro
- 87086 Urine Culture
- 87210 Wet Mount, Sm.
- Other

20

85

6. - X-RAYS

- 73060 A-C Joint C.
- 73600 Ankle 2v.
- 72040 Cervical 2v.
- 72060 Cervical 4v
- 71020 Chest 2v.
- 71010 Chest 1v.
- 73080 Elbow 2-3v.
- 73140 Finger 2v.
- 73630 Foot 2-3v.
- 73130 Hand 2-3v.
- 73560 Knee 2v.
- 73584 Knee C.
- 74240 KUB
- 72100 L-Spine 2v.
- 72110 L-Spine C.
- 70250 Skull
- 73030 Shoulder C.
- 72070 T-Spine 2v.
- 73680 Toe
- 73110 Wrist 2-4v.
- Other

7. - INJECTIONS

- J7140 Albuterol
- J7140 Atrovent
- J0704 Celestone
- 90632 Hepatitis A
- 90636 Hepatitis A - B
- 90659 Influenza
- 90780 IV Comp.
- 90713 Polio
- 90675 Rabies
- J0696 Rocophin
- J0696 Rocophin / Ancef
- J7140 Solumedrol
- 85685 TB Test
- 90703 Tetanus
- J3250 Tigan
- J1865 Toradol
- A4618 Tx. Breathing
- 90690 Typhoid
- J3410 Vistaril
- J3420 Vitamin B-12
- Other

8. - CAST / SPLINTS / SUPPLIES

- 29345 Applic. L L Cast
- 29405 Applic. S L Cast
- 29065 Applic. L A Cast
- 29075 Applic. S A Cast
- 29435 Applic. PTB Cast
- L1930 ABO
- E0100 Cane
- A4580 Cast Materials
- A4690 Cast Shoe/Cover
- E011
- L183
- L060
- 2970:
- A456
- A457
- A464
- A466
- A616
- L3901
- 16881
- Other

REMOVAL FOREIGN BODY FROM (R) SIDE OF NOSE

9. - MEDICATIONS

- J7140

ICD DIAGNOSIS

- 792.1 Abn. Stool
- 706.1 Acne
- 477.9 Allergic, Unsp
- 285.9 Anemia, Unsp.
- 845.00 Ankle Strain
- 300.00 Anxiety
- 528.2 Aphthae Orl
- 716.9* Arthritis Unsp.
- 493.9 Asthma Unsp.
- 468.0 Bronchitis Acute
- 941* Burn F, H, N
- 380.4 Cerumen Unsp.
- 847.0 Cervical Strain
- 618.0 Cervicitis
- 786.50 Chest Pain
- 372.00 Conjunctivitis Ac.
- 564.00 Constipation, unsp.
- 920 Contusion Face, Scalp, Neck
- 924.11 Contusion Knee
- 916.1 Corneal Abrasion
- 370.00 Corneal Ulcer
- 733.6 Costochondritis
- 354.0 CTS
- 300.4 Depression
- 692.9 Dermatitis
- 250* Diabetic
- 584.5 Diarrhea
- 780.4 Dizziness
- 726.32 Epicondylitis
- 784.7 Epitaxial
- 780.79 Fatigue
- 930.0 Foreign Body Cornea
- 930.9 Foreign Body ext. unsp
- 535.00 Gastritis, Acute
- 558.9 Gastroenteritis
- 530.81 GERD/ES
- 274.9 Gout
- 784.0 Headache
- 042 HIV s/s/screen
- 401.9 Hypertension
- 242.9 Hyperthyroidism, unsp
- 244.9 Hypothyroidism, unsp
- 703.0 Ingrown Nail
- 844.9 Knee Sprain
- V72.6 Lab Test Only
- 386.30 Labyrinthitis, unsp.

ICD DIAGNOSIS

- 861* Laceration E, F, W
- 862* Laceration Hand
- 863* Laceration Finger
- 861* Laceration LE
- 484.00 Laryngitis
- 724.2 Low Back Pain
- 724.4 Low Back P/W/Rad.
- 846.0 Lumbar Strain
- 785.6 Lymphadenopathy
- 346.1* Migraine
- 787.01 Nausea/Vomit.
- 278.00 Obesity, unsp.
- 380.10 Otitis Externa
- 382.9 Otitis Media
- 681.2 Paronychia Finger
- 681.11 Paronychia Toe
- 462 Pharyngitis Ac.
- 486 Pneumonia
- 692.6 Poison Ivy
- V72.4 Pregnancy Test
- V70.5 Pre-Employ.
- V72.84 Pre-op
- 580.10 Pyelonephritis Acute
- 848.3 Ribs Sprain
- 848.1 Sacroiliac SI
- 302.72 Sexual Dysfunction
- V70.3 School Physical
- 840.9 Shoulder Sprain
- 481.9 Sinusitis, Acute
- 034.0 Strep/Sore Throat
- 785.0 Tachycardia
- 847.1 Thoracic Dorsal Sprain
- 524.60 TMJ
- 305.0 Tobacco Abuse
- 483 Tonsillitis ac.
- 707.9 Ulcers
- 597.80 Urethritis, unsp.
- 487.1 URI Ac.
- 599.0 UTI
- 616.10 Vaginitis, unsp.
- 477.8 Vasomotor Rhinitis
- 780.4 Vertigo NOS
- 078.10 Warts/Viral
- 842.00 Wrist Sprain
- 053.9 Zoster

removed from 2 body from (R) side of nose

Doctor's Signature

CPA 5/11

OLD BALANCE: \$

CURRENT BALANCE:

BALANCE DUE: 240

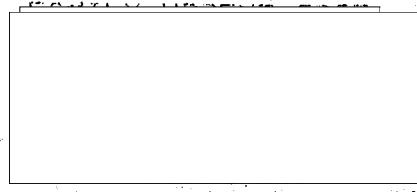
PAYMENT:

REMAINING BALANCE: \$ 0

DOB: 24-DEC-1947 AGE: 54 SEX: M
PATIENT ID:
PHYSICIAN: FRIEMAN, DENISE E

252-455-1201 800-433-6046
#05-9023
22258023Z
25252-7

ACCESSION : 0224974-4
REQUISITION: 88173017-8
COLLECTED : 15-MAY-02
RECEIVED : 17-MAY-02
REPORTED : 22-MAY-02



TESTING PERFORMED AT THE ABOVE ADDRESS UNLESS NOTED OTHERWISE
San Diego Laboratory Medical Director : Dennis M. Frisman, M.D.

TEST REQUEST: SURGICAL PATHOLOGY REPORT.

***** SURGICAL PATHOLOGY REPORT *****

CLINICAL INFORMATION:

BIOPSY OF FOREIGN BODY

ANATOMIC SITE:

SITE NOT SPECIFIED

GROSS DESCRIPTION:

The specimen is labeled with the patient's name. It consists of three irregular shaped portions of tan-gray soft tissue measuring from 0.4 x 0.2 x 0.1 cm to 0.6 x 0.5 x 0.2 cm. The two larger specimens will be bisected. TE1.
bb/se

MICROSCOPIC DESCRIPTION:

Sections show an apparent inflammatory crust mixed with keratin and parakeratin. Inflamed serous exudate and hemorrhage is adherent to layers of parakeratin and keratin. Within this exudate, small irregular fragments of refractile, polarizable, foreign material are noted. Some of these have a rounded donut-shape, suggesting they may represent fibers. Focally, there is also some granular black pigmented material. No viable epithelium or stroma is identified. RAM:nf

DIAGNOSIS:

POLARIZABLE FOREIGN MATERIAL AND BLACK GRANULAR PIGMENT, MIXED WITH INFLAMED SEROUS EXUDATE AND PARAKERATOTIC MATERIAL, SITE NOT SPECIFIED, BIOPSY.

ORIGINAL SIGNED BY:

(Original signature on file)

Please contact me at _____ if this interpretation is inconsistent with your clinical impression or requires

DOB: 24-007-1967 AGE: 34 SEX: M
PATIENT ID :

San Diego, CA 92161
858-455-1221
#05-8023
77758023Z

25252-7

ACCESSION : 0024974-4
REQUISITION: 15773017-9

COLLECTED : 16-MAY-02
RECEIVED : 17-MAY-02
REPORTED : 22-MAY-02



TESTING PERFORMED AT THE ABOVE ADDRESS UNLESS NOTED OTHERWISE
San Diego Laboratory Medical Director : [redacted], M.D.

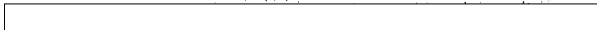
TEST REQUEST: SURGICAL PATHOLOGY REPORT.

***** SURGICAL PATHOLOGY REPORT (Continued) *****

ORIGINAL SIGNED BY: (Continued):
further clarification.

PERFORMING LABS LEGEND :

3E LABCORP ROSELLE
10788 ROSELLE ST
SAN DIEGO, CA 921210000



OFFICE PHONE NUMBER

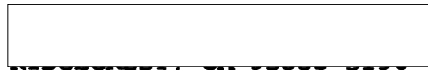
CLOSING DATE

YOUR ACCOUNT NUMBER

PAGE NO.

NEW BALANCE

DAVID A LARSON
421 W ROBERTSON A
RIDGECREST, CA 93555-4627



NOTE: Charges and payments not appearing on this statement will appear on next month's statement.

PLEASE RETURN THIS PORTION WITH PAYMENT

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT

DATE	PROVIDER NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
062704		BALANCE FORWARD		372.74	
071904		PMT ON ACCOUNT BAL			-150.00
071604	<input type="checkbox"/> MD	CPT: 99214 DETAILED VISIT	DAVID	120.00	
072104		GALLAGHER BENEFITS # 2293889 Filed			
→ 072204	<input type="checkbox"/> MD	CPT: 20525 REMOVAL OF FOREIGN BODY	DAVID	901.00	
072604		GALLAGHER BENEFITS # 2295924 Filed			
072304		PROCEDURE DEPOSIT			-23.92
072604		LATE CHARGE		5.00	
082004	<input type="checkbox"/> MD	PAYMENT FIRST HEALTH (SWIFTc#229388	DAVID		-44.91
082004		WRITE-OFF FIRST HEALTH (Sc#22938891			-63.86
082604		LATE CHARGE		5.00	

YOU MAY RECEIVE STATEMENTS FROM OTHER FACILITIES
FOR OUTSIDE LAB WORK & PAP SMEARS AS REQ BY LAW

STATEMENT CLOSING DATE: 08/27/04	PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE:				C2100552
CURRENT	30-60 DAYS	60-90 DAYS	> 90 DAYS	TOTAL	NEW BALANCE PAY THIS AMOUNT
5.00	917.23	5.00	193.82	1121.05	1121.05

[REDACTED] **REGIONAL HOSPITAL**

[REDACTED]
**DEPARTMENT OF PATHOLOGY
SURGICAL TISSUE EXAMINATION**

PATIENT LARSON, David AGE 37 SEX M LAB #: S-1279-04
ADDRESS [REDACTED] DOB 10-24-1967
PHYSICIAN [REDACTED], MD DATE 07-22-04

PRE-OPERATIVE DIAGNOSIS R/o foreign body lymph node

POST-OPERATIVE DIAGNOSIS Same, pending path report

SPECIMENS (NAME EACH) Excisional biopsy left ear

PATHOLOGICAL DESCRIPTION OF SURGICAL TISSUE AND DIAGNOSIS

Gross:

The specimen is composed of a firm gray nodule 5 x 3-mm partially covered by skin, totally embedded.

Microscopic:

These are fragments of fibrocollagenous connective tissue containing elements of fatty stroma along one margin. There is a dense infiltration of chronic inflammatory cells particularly at one pole of the biopsy and in this area there is tissue destruction secondary to the inflammatory process and dense infiltration of acute and chronic inflammatory cells and scattered foreign body giant cells.

Diagnosis: Acute and chronic inflammatory reaction with focal abscess formation – ear compatible with foreign body.

PROCEDURE ESTIMATES

Account No. CG 00552 Current Balance \$ 227.⁷⁴ Doctor No. 59 Date 7/20/04
Patient David Larson DOB 10/24/67
Responsible Party David Date of Procedure 7/22/06

Procedures	CPT#	Fee Estimate
<u>Excision of Mass @ Ear.</u>	<u>20520</u>	<u>\$ 598.⁰⁰</u>
_____	_____	<u>\$ _____</u>
_____	_____	<u>\$ _____</u>
_____	_____	<u>\$ _____</u>
_____	_____	<u>\$ _____</u>

Assistant surgeon(s) fees if they are Drummond Medical Group Provider (may or may not be known at this time) \$ 0
Approximate total of physician(s) fees for procedure \$ 598.⁰⁰
Approximate amount of insurance deductible 650.⁰⁰ \$ _____
Approximate amount of insurance co-pay 80/20 \$ 119.⁶⁰
Approximate total patient responsibility \$ 119.⁶⁰

Insurance coverage
1. Gallagher Benefits
2. _____
Comments: Based on medical necessity.

Second Opinion Required (circle one) Yes No
Pre Authorization Required Yes No

FINANCIAL ARRANGEMENTS

Deposit to be paid before scheduled procedure \$ 23.⁹²
Approximate patient balance to be paid by Bal Due in 60 Days \$ Bal.
Date _____

NOTE: Fees may vary according to the actual procedure(s) done at the time of service. The above is only intended as an estimate. Additional fees will be charged by the hospital or surgery center or other physicians or providers that may be called upon to provide care for you as your condition warrants.

In the event that my insurance (including Medicare) does not cover or pay for a specific service or services rendered to me, I, the undersigned do hereby promise to pay Drummond Medical Group, Inc. the full amount charged in consideration for such medical services and treatment received. Payment in full on the date of service is customary. If insured, full payment is required within 60 days from the date of service even though your insurance may still be pending. Upon request, a short-term payment plan may be considered in time of need. Long-term financing cannot be carried by the Clinic. A \$5.00 per month rebilling charge will be imposed on any portion of your account outstanding after 60 days.

(Signature of patient or guardian if patient is a minor) Estimate Mailed Date 7/20/04
(Print name) _____
(Signature of witness) SW. Date 7/20/04

PATIENT #	CL #	VISIT SLIP #	TIME	← APPOINTMENT →	DATE	INSURANCE NAME
M1782650	01927633	6855155	08:45AM		07/01/04	FIRST HEALTH NETWORK (000)
PATIENT NAME		PATIENT PHONE	FSC #	AUTH REQ	DEDUCTIBLE	CO-PAY
LARSON, DAVID		760-371-7700	414	N		NONE
DOB	PATIENT ADDRESS		PLAN	MEDICAL GROUP		
10/24/67	421 W ROBERTSON APT A		5557	608		
CITY	STATE	ZIP	REASON FOR VISIT			
RIDGECREST, CA		92555	RET. 15 F/11			
ATTENDING PHYSICIAN		DR. #	MCA #	AUTH #	# ALTH	# USED
EFFECTIVE DATE THRU						
PRIMARY CARE PHYSICIAN		PRIMARY CARE PHYSICIAN PHONE		AUTHORIZATION COMMENTS		
REFERRING PHYSICIAN		REFERRING PHYSICIAN PHONE				

99201	NEW PATIENT VISIT	17000*	DSTRCT LES 1ST	02175	GENEROL, PER 100%
99202	MINOR PROB. FOCUSED	17003	DSTRCT LES 2-14	03150	TESTOSTERONE PR 100MG
99203	EXPAND. PROB. FOCUSED	17004	DSTRCT LES 2= 15	93703	TETANUS TOX.
99204	DETAILED, LOW COMPLX	20526	INJ-CARPAL TUNNEL	90658	VACCINATION INFLUENZA
99205	COMP. MOD/HI COMPLX	20550*	INJ TENDN/LIGAMENT/CYST	60008	ADMIN INFLUEZ VAC
99205	COMP. HIGH COMPLX	20551*	INJ TENDON ORIGIN	70732	PNEUMOCOCL VAC ADULT/ILL
99211	ESTABLISHED PATIENT	20552	TRIGGER PT- 1 OR 2	60009	ADMIN PNEUMOVAX
99212	MINIMAL	20553	TRIGGER PT- 3 OR MORE	03420	VITAMIN B-12-REG
99212	MINOR PROB. FOCUSED	20600*	SMALL JOINT	90746	HEP B VACC ADULT
99213	EXPAND. PROB. FOC. LOW	20605*	INTERMED JOINT	90471	VACCIN ADMIN, HEPAT B
99214	DET. MOD/HI COMPLX	20610*	MAJOR JOINT(HIP, KNEE)	**25*	SIGNIFICANT, SEPARATE
99215	COMP. HIGH COMPLX	29580	UNNA BOOT STRAPPING		INDENTIFIABLE EBM
99241	CONSULTATIONS	45330	FLX SGMDSOPY	**GC**	TODAY'S CHARGES
99242	MINOR PROB. FOCUSED	51701	CATH., RESIDUAL URINE		CASH
99242	EXPAND. PROB. FOCUSED	51702	CATH, TEMP INDWLNG/FOLEY		CHECK
99243	DET. LOW/MOD. COMPLX	82270	OCCLT BLD FECES(1-3)		CREDIT CARD
99244	COMP. MOD/HI COMPLX	82948	GLUCOSE RGNT STRIP		BALANCE
99245	COMP. HIGH	86485	SKIN TEST; CANDIDA		
10060*	SERVICES & PROCEDURES	86490	;COCCIDIIDIDOMYCOSIS		
11100	INCS & DRN OF ABCESS	86580	;TB		
11200*	SKIN BIOPSY, 1 LESION	81002	URINALYSIS; W/O MICRO		
	EXCISION, SKIN TGS(15	93000	ECG (RQRS REL DX)		
		93784	24HR BP MONITOR		

706.1	DERMATOLOGY	733.00	OSTEOPOROSIS, UNSPEC	486	PNEUMONIA
702.0	ACNE VULGARIS	733.01	POST MEN. OSTEOPOROSIS	473.9	SINUSITIS
692.9	ACTINIC KERATOSIS		NEUROLOGICAL	011.90	TUBERCULOSIS
692.9	CONTACT DERM., NOS	437.9	CVA OR S/P CVA	465.9	UPPER RESPIRATORY INF.
053.9	HERPES ZOSTER	784.0	HEADACHE		GASTRO - LIVER
696.1	PSORIASIS	332.0	PARKINSONISM	789.00	ABDOMINAL PAIN
702.19	SEBORRHEIC KERATOSIS NOS	356.9	PERIPHERAL NEURO.	571.5	CIRRHOSIS
	HEMATOLOGY-MUSCULOSKELETAL	780.39	CONVULSIONSRDR	574.10	CHOLELITHIASIS
280.9	ANEMIA, IRON DEFIC.	435.9	T. I. A.	634.00	CONSTIPATION
285.9	ANEMIA, UNSPECIFIED		CARDIOVASCULAR	787.91	DIARRHEA
847.0	CERVICAL STRAIN	427.9	ARRHYTHMIA	562.10	DIVERTICULOSIS
733.6	COSTOCHONDRITIS	414.00	ASHD	536.8	DYSPEPSIA
722.90	DISC DISEASE	413.9	ANGINA PECTORIS	530.10	ESOPHAGITIS
729.1	FIBROMYALGIA	427.31	ATRIAL FIBRILLATION	530.81	GASTROESOPHAGEAL REFLX
729.5	LIMB PAIN (KNEE PAIN)	429.3	CARDIOMEGALY	578.9	GASTROINTESTINAL BLDNG
724.5	BACK PAIN, UNSPEC.	428.0	C. H. F.	455.6	HEMORRHOIDS
715.90	OSTEOARTHRITIS	786.59	CHEST DISCOMFORT	553.3	HIATAL HERNIA
725	POLYMYALGIA RHEUM.	786.50	CHEST PAIN	564.1	IRRITABLE BOWEL SYND.
714.0	RHEUMATOID ARTHRITIS	796.2	HI. BLD PRESS. READ.	533.90	PEPTIC ULCER DISEASE
	ENDOCRINE & METABOLISM	401.9	HYPERTENSION		GENITOURINARY
250.00	DIABETES MLTS II(NI)	424.0	MITRAL VLV PROLAPSE	600.0	BNGN PROSTATIC HYPERTPHY
250.01	DIABETES I (INSULIN)	250.71	DIABETES W/PERIPHERAL DIS	572.9	CALCULUS UNSPECIFIED
240.9	GOITER - DIFFUSE	398.90	RHEUMATIC HRT DIS.	626.8	DYSFUNCT. UTERINE BLDNG
274.9	GOUT	394.9	VALVULAR HRT DISEASE	625.3	DYSMENORRHEA
272.1	HYPERGLYCEMIA		PULMONARY	788.30	INCONTINENCE
272.2	HYPERLIPIDEMIA	493.90	ASTHMA, UNSPECIFIED	627.9	UNSPEC MENOPAUSAL &
242.9	HYPERTHYROIDISM	466.0	BRONCHITIS, ACUTE		POST-MENOPAUSAL DISORD
244.90	HYPOTHYROIDISM	491.9	BRONCHITIS, CHRONIC	593.9	RENAL INSUFFICIENCY
250.41	DIABETES W/ RENAL	496	COPD	599.0	URINARY TRACT INFECTION
250.61	DIABETES W/NEURO	462	PHARYNGITIS - ACUTE	626.9	UTERINE BLDNG, ABNORMAL
	MANIFESTATIONS			616.10	VAGINITIS
				278.00	OBESITY
				477.9	ALLERGIC RHINITIS

foreign body inflammation

COMMENTS / ORDERS

RIC [Signature]

GC

[Signature] PHYSICIAN SIGNATURE



1745C

Print Information or Attach Label in Patient I.D. Box

PATIENT NAME (LAST, FIRST) Larson, David		MEDICAL RECORD NUMBER 0	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDATE 10-24-1967
PHYSICIAN NAME (PLEASE PRINT)		<input type="checkbox"/> UPIN =	<input type="checkbox"/> PATIENT IS DIABETIC <input type="checkbox"/> PATIENT IS PREGNANT	ORDER DATE
PHYSICIAN ADDRESS		PREVIOUS X-RAYS HERE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		FAX NUMBER
PERTINENT CLINICAL DATA:				

To be read and signed by Physician: When ordering tests for which Medicare reimbursement will be sought, the ordering physician should only order tests that are medically necessary for the diagnosis or treatment of a patient. By ordering these tests, you are certifying that they are medically necessary. Tests ordered for screening purposes (other than mammography) require completion and submission of an Advance Beneficiary Notice (ABN)

PHYSICIAN SIGNATURE See attached	DATE 1-10-05
AN ICD-9 DIAGNOSIS CODE IS REQUIRED FOR EACH TEST ORDERED BELOW	

ABDOMEN			
ICD-9	✓	CPT-4	Description
		76700	RUQ / Abdomen Complete
		76705	Abdomen Soft Tissue Mass
		93975	Abdominal Doppler
		76705	Liver
		76705	Gallbladder
		76770	Kidney
		76770	Pancreas
		76705	Spleen
		93978	Aorta
		76778	Transplant Kidney
		76775	Bladder
		76938	Guidance for aspiration
		76942	Guidance for biopsy

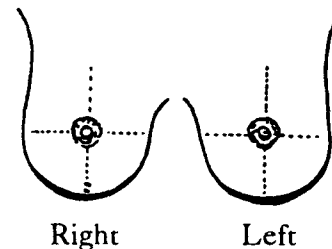
MISCELLANEOUS			
ICD-9	✓	CPT-4	Description
		76856	Hips
		76506	Head echo
		93886	TCD
		76536	Thyroid
		76872	Prostate
		76870	Testicles
		76872	Rectum
		76800	Spine
		76705	Stomach

*ET @ wrist
soft tissue
rc: pain, rlo
foreign body*

OB-GYN			
ICD-9	✓	CPT-4	Description
		76856	Pelvic Mass
		76830	Transvaginal (EV)
		76805	Pregnancy Complete
		76810	Twin pregnancy
		76946	Guidance amnio
		76645	Breast
			<input type="checkbox"/> Right
			<input type="checkbox"/> Left
			<input type="checkbox"/> Bilateral

DIAGNOSTIC VASCULAR			
ICD-9	✓	CPT-4	Description
		93970	Reflux Extremity veins, Bilateral
		93971	Reflux Ext. Veins, Unil. <input type="checkbox"/> R <input type="checkbox"/> L
		93970	Perforators, Bilateral
		93971	Perforators, Unilateral <input type="checkbox"/> R <input type="checkbox"/> L
		93970	Lower Extremity Veins, Bilateral
		93971	Lower Ext. Veins, Unil. <input type="checkbox"/> R <input type="checkbox"/> L
		93970	Upper Extremity Veins, Bilateral
		93971	Upper Ext. Veins, Unil. <input type="checkbox"/> R <input type="checkbox"/> L
		93930	Upper Ext. Arteries, Bilateral
		93931	Upper Ext. Arteries Unil. <input type="checkbox"/> R <input type="checkbox"/> L
		76770	Kidney Duplex(RAS) incl. Doppler 93975
		93975	Mesenteric Doppler
		93970	Venous Mapping Bilateral <input type="checkbox"/> R <input type="checkbox"/> L

Please indicate area of interest / palpable mass.



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NTER
OUP

PATIENT IDENTIFICATION

FMO =

LLU =

2354
IH CARE
CA 92354

ICATION Letter Lab Talk Routine Do test just before next visit Stat - Return Patient to Clinic
 Phone Urgent Return Appointment Stat - Do Not Return Patient to Clinic

NE #'s Home () Work ()

LABORATORY

<input type="checkbox"/> Basic Metabolic (Na, K, Cl, CO2, BUN, Cr, Glu, Ca)	<input type="checkbox"/> Drug Level	<input type="checkbox"/> Protein Electrophoresis <input type="checkbox"/> Serum <input type="checkbox"/> Urine
<input checked="" type="checkbox"/> Comp Metabolic (Na, K, Cl, Glu, BUN, Cr, Ca, TP, Alb, TBil, AP, AST, ALT)	<input type="checkbox"/> Ferritin Level	<input type="checkbox"/> Rheumatoid Factor
<input type="checkbox"/> Electrolytes (Na, K, Cl, CO2)	<input type="checkbox"/> Gamma GT	<input type="checkbox"/> Retic Count
<input type="checkbox"/> Hepatic Funct (Alb, TBil, DBil, AP, AST, ALT, TP)	<input type="checkbox"/> Glucose <input type="checkbox"/> Fast <input type="checkbox"/> Rand	<input type="checkbox"/> RPR
<input type="checkbox"/> Amylase	<input type="checkbox"/> Glucose Tolerance _____ Hours	<input type="checkbox"/> Testosterone Level
<input type="checkbox"/> ANA	<input type="checkbox"/> HGB A1C	<input checked="" type="checkbox"/> TSH w/reflex to FT4
<input type="checkbox"/> B-12 Level <input type="checkbox"/> Folate	<input type="checkbox"/> Hepatitis Panel (HBsAg, HBsAb, HBcAB-Total, HA Ab-Total, HC Ab)	<input type="checkbox"/> T4, Free <input type="checkbox"/> FSH
<input type="checkbox"/> BHCg-Preg <input type="checkbox"/> Quant <input type="checkbox"/> Qual	<input type="checkbox"/> H. Pylori	<input type="checkbox"/> T3, Free <input type="checkbox"/> LH
<input type="checkbox"/> Calcium <input type="checkbox"/> Total <input type="checkbox"/> Ionized	<input type="checkbox"/> Iron, Total <input type="checkbox"/> With TIBC	<input type="checkbox"/> TSH
<input checked="" type="checkbox"/> CBC (Includes Diff)	<input type="checkbox"/> PSA, Total <input type="checkbox"/> Free	<input type="checkbox"/> UA <input type="checkbox"/> C&S <input type="checkbox"/> Urine Microalbumin
<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> Potassium	<input checked="" type="checkbox"/> Sed Rate, Westergren
<input type="checkbox"/> Cholesterol, Total <input type="checkbox"/> HDL	<input type="checkbox"/> Protima (INR) <input type="checkbox"/> PTT	<input type="checkbox"/> Other: _____
<input type="checkbox"/> CK, Total	<input type="checkbox"/> Stool, o+p x _____ <input type="checkbox"/> Culture	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Culture	<input type="checkbox"/> Stool, leukocytes <input type="checkbox"/> Fecal Fat, Qual.	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Digoxin	<input type="checkbox"/> Stool, C. difficile <input type="checkbox"/> Toxin <input type="checkbox"/> Culture	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> Other: _____

PATHOLOGY Pap BX (site _____)

X-RAY	<input type="checkbox"/> Knee, complete R L	MRI <input type="checkbox"/> with contrast <input type="checkbox"/> without contrast	C-T SCAN	NUCLEAR MEDICINE
<input checked="" type="checkbox"/> Mammo Screening	<input type="checkbox"/> Standing Knees	<input type="checkbox"/> MRI Head	<input type="checkbox"/> CT Head	<input type="checkbox"/> Cardiolite Perfusion Scan
<input checked="" type="checkbox"/> Mammo Unilateral R L	<input type="checkbox"/> Ankle, complete R L	<input type="checkbox"/> MRI Cervical Spine	<input type="checkbox"/> CT Paranasal sinuses	<input type="checkbox"/> Circulation/First Pass
<input checked="" type="checkbox"/> Mammo: Bilateral	<input type="checkbox"/> Foot, complete R L	<input type="checkbox"/> MRI Upper Extremity Joint	<input type="checkbox"/> CT Chest	<input type="checkbox"/> Bone Scan, whole body
<input checked="" type="checkbox"/> Chest 2V	<input type="checkbox"/> Cervical Spine w/obliques	<input type="checkbox"/> MRI Lumbar Spine	<input type="checkbox"/> CT Abdomen	<input type="checkbox"/> Thyroid Uptake and Scan
<input type="checkbox"/> Ribs, unilateral R L	<input type="checkbox"/> Thoracic spine		<input type="checkbox"/> CT Pelvis	<input type="checkbox"/> Other
<input type="checkbox"/> Shoulder, complete R L	<input type="checkbox"/> Lumbar spine, limited	ULTRASOUND		<input type="checkbox"/> Other
<input type="checkbox"/> Wrist, complete R L	<input type="checkbox"/> Lumbar spine w/obliques	<input type="checkbox"/> Abdominal Ultrasound Area _____		<input type="checkbox"/> Other
<input type="checkbox"/> Hand, complete R L	<input type="checkbox"/> IVU	<input type="checkbox"/> Transvaginal Pelvic Eval		
<input type="checkbox"/> Hip, unilateral w/pelvis R L	<input type="checkbox"/> Barium Enema	<input type="checkbox"/> Pelvic Mass Evaluation		
<input checked="" type="checkbox"/> Hips, bilateral w/pelvis	<input type="checkbox"/> Upper GI <input type="checkbox"/> SBFT			
Diagnosis/CD-9	<input type="checkbox"/> Esophogram			
#1	#2	#3	#4	#5
#6				

MISCELLANEOUS

EKG Sigmoidoscopy Injections: _____ Skin Tests: _____

Hemocults Dietitian: _____ Records: _____

Patient teaching information: _____

OUTPATIENT TESTS

<input type="checkbox"/> Cardiac Lab	<input type="checkbox"/> Dobutamine Stress Echo	<input type="checkbox"/> Persantine Cardiolite	<input type="checkbox"/> DEXA Scan
<input type="checkbox"/> EMG Lab	<input type="checkbox"/> 24-hour monitor	<input type="checkbox"/> Echo	<input type="checkbox"/> Stree Echo
<input type="checkbox"/> GI Lab	<input type="checkbox"/> Treadmill	<input type="checkbox"/> Cardiolite Treadmill	<input type="checkbox"/> Other
<input type="checkbox"/> Vascular Lab	<input type="checkbox"/> List region	<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Other
<input type="checkbox"/> Pulmonary Lab	<input type="checkbox"/> Upper Endoscopy	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Carotid Duplex	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> ABGs	<input type="checkbox"/> Spirogram	<input type="checkbox"/> DLCO
	<input type="checkbox"/> Complete Pulmonary Functions	<input type="checkbox"/> Pre & Post	

Diagnosis Code

733 - Osteoporosis
 733.9 - Osteopenia
 255.3 - Glucocorticoid therapy
 733.1 - Bone fx - suspect Osteoporosis
 252 - Primary hyperparathyroidism
 259.9 - Hypogonadism or estrogen deficiency

CONSULTING PHYSICIANS / OTHER REFERRALS

Dept: ENT Dr. _____ Reason: 36 y.o. CM 2 h/o assault in 1997 & residual foreign bodies in ears, nose/sinus, throat causing inflammation. Had MRI outside of MA.

Dept. _____ Dr. _____ Reason: _____

Signature _____ Staff Signature _____ Date 3/16/04

PATIENT IDENTIFICATION

Name: LARSON, DAVID Date of Birth: 10/24/1967

Bi: _____ M: _____

56 BA

- Letter
- Lab Talk
- Routine
- Do test just before next visit
- Stat - Return Patient to Clinic
- Phone
- Urgent
- Return Appointment
- Stat - Do Not Return Patient to Clinic

PHONE #'s Home () Work ()

LABORATORY

<input type="checkbox"/> Basic Metabolic (Na, K, Cl, CO2, BUN, Cr, Glu, Ca) <input type="checkbox"/> Comp Metabolic (Na, K, Cl, Glu, BUN, Cr, Ca, TP, Alb, TBili, AP, AST, ALT) <input type="checkbox"/> Electrolytes (Na, K, Cl, CO2) <input type="checkbox"/> Hepatic Funct (Alb, TBili, DBili, AP, AST, ALT, TP) <input type="checkbox"/> Amylase <input type="checkbox"/> ANA <input type="checkbox"/> B-12 Level <input type="checkbox"/> Folate <input type="checkbox"/> BHCG-Preg <input type="checkbox"/> Quant <input type="checkbox"/> Qual <input type="checkbox"/> Calcium <input type="checkbox"/> Total <input type="checkbox"/> Ionized <input type="checkbox"/> CBC (Includes Diff) <input type="checkbox"/> Lipid Panel <input type="checkbox"/> Cholesterol, Total <input type="checkbox"/> HDL <input type="checkbox"/> CK, Total <input type="checkbox"/> Culture, _____ <input type="checkbox"/> Digoxin	<input type="checkbox"/> Drug Level _____ <input type="checkbox"/> Ferritin Level <input type="checkbox"/> Gamma GT <input type="checkbox"/> Glucose <input type="checkbox"/> Fast <input type="checkbox"/> Rand <input type="checkbox"/> Glucose Tolerance _____ Hours <input type="checkbox"/> HGB A1C <input type="checkbox"/> Hepatitis Panel (HBsAg, HBsAb, HBcAB-Total, HA Ab-Total, HC Ab) <input type="checkbox"/> H. Pylori <input type="checkbox"/> Iron, Total <input type="checkbox"/> With TIBC <input type="checkbox"/> PSA, Total <input type="checkbox"/> Free <input type="checkbox"/> Potassium <input type="checkbox"/> Protime (INR) <input type="checkbox"/> PTT <input type="checkbox"/> Stool, o+p x _____ <input type="checkbox"/> Culture <input type="checkbox"/> Stool, leukocytes <input type="checkbox"/> Fecal Fat, Qual. <input type="checkbox"/> Stool, C. difficile <input type="checkbox"/> Toxin <input type="checkbox"/> Culture <input type="checkbox"/> Uric Acid	<input type="checkbox"/> Protein Electrophoresis <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Rheumatoid Factor <input type="checkbox"/> Retic Count <input type="checkbox"/> RPR <input type="checkbox"/> Testosterone Level <input type="checkbox"/> TSH w/reflex to FT4 <input type="checkbox"/> T4, Free <input type="checkbox"/> FSH <input type="checkbox"/> T3, Free <input type="checkbox"/> LH <input type="checkbox"/> TSH <input type="checkbox"/> UA <input type="checkbox"/> C&S <input type="checkbox"/> Urine Microalbumin <input type="checkbox"/> Sed Rate, Westergren <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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PATHOLOGY Pap BX (site _____)

<p>X-RAY</p> <input type="checkbox"/> Mammo Screening <input type="checkbox"/> Mammo Unilateral R L <input type="checkbox"/> Mammo, Bilateral <input type="checkbox"/> Chest 2V <input type="checkbox"/> Ribs, unilateral R L <input type="checkbox"/> Shoulder, complete R L <input type="checkbox"/> Wrist, complete R L <input type="checkbox"/> Hand, complete R L <input type="checkbox"/> Hip, unilateral w/pelvis R L <input type="checkbox"/> Hips, bilateral w/pelvis Diagnosis/CD-9 #1 #2 #3 #4 #5 #6	<p><input type="checkbox"/> Knee, complete R L</p> <p><input type="checkbox"/> Standing Knees</p> <p><input type="checkbox"/> Ankle, complete R L</p> <p><input type="checkbox"/> Foot, complete R L</p> <p><input type="checkbox"/> Cervical Spine w/obliques</p> <p><input type="checkbox"/> Thoracic spine</p> <p><input type="checkbox"/> Lumbar spine, limited</p> <p><input type="checkbox"/> Lumbar spine w/obliques</p> <p><input type="checkbox"/> IVU</p> <p><input type="checkbox"/> Barium Enema</p> <p><input type="checkbox"/> Upper GI <input type="checkbox"/> SBFT</p> <p><input type="checkbox"/> Esophogram</p>	<p>MRI <input type="checkbox"/> with contrast <input type="checkbox"/> without contrast</p> <p><input type="checkbox"/> MRI Head</p> <p><input type="checkbox"/> MRI Cervical Spine</p> <p><input type="checkbox"/> MRI Upper Extremity Joint</p> <p><input type="checkbox"/> MRI Lumbar Spine</p> <p>ULTRASOUND</p> <p><input type="checkbox"/> Abdominal Ultrasound Area _____</p> <p><input type="checkbox"/> Transvaginal Pelvic Eval</p> <p><input type="checkbox"/> Pelvic Mass Evaluation</p>
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MISCELLANEOUS

EKG Sigmoidoscopy Injections: _____ Skin Tests: _____

Hemocults Dietitian: _____ Records: _____

Patient teaching information: _____

OUTPATIENT TESTS

<input type="checkbox"/> Cardiac Lab <input type="checkbox"/> EMG Lab <input type="checkbox"/> GI Lab <input type="checkbox"/> Vascular Lab <input type="checkbox"/> Pulmonary Lab	<input type="checkbox"/> Dobutamine Stress Echo <input type="checkbox"/> 24-hour monitor <input type="checkbox"/> Treadmill <input type="checkbox"/> List region <input type="checkbox"/> Upper Endoscopy <input type="checkbox"/> Carotid Duplex <input type="checkbox"/> ABGs <input type="checkbox"/> Complete Pulmonary Functions	<input type="checkbox"/> Persantine Cardiolyte <input type="checkbox"/> Echo <input type="checkbox"/> Cardiolyte Treadmill <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Other <input type="checkbox"/> Spirogram <input type="checkbox"/> Pre & Post
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DEXA Scan

Diagnosis Code

- 733 - Osteoporosis
- 733.9 - Osteopenia
- 255.3 - Glucocorticoid therapy
- 733.1 - Bone fx - suspect Osteoporosis
- 252 - Primary hyperparathyroidism
- 259.9 - Hypogonadism or estrogen deficiency

CONSULTING PHYSICIANS / OTHER REFERRALS

Dept. Radiology Dr. _____ Reason: Nuclear Med consult re: implanted submillimeter biomedical devices & optimal imaging options

Dept. _____ Dr. _____ Reason: _____

MD Signature _____ Staff Signature _____ Date 7.1.04

Empty box for MD signature or notes.

PATIENT IDENTIFICATION

I LARSON, DAVID 10/24/1967
 E _____ 93555
 N _____