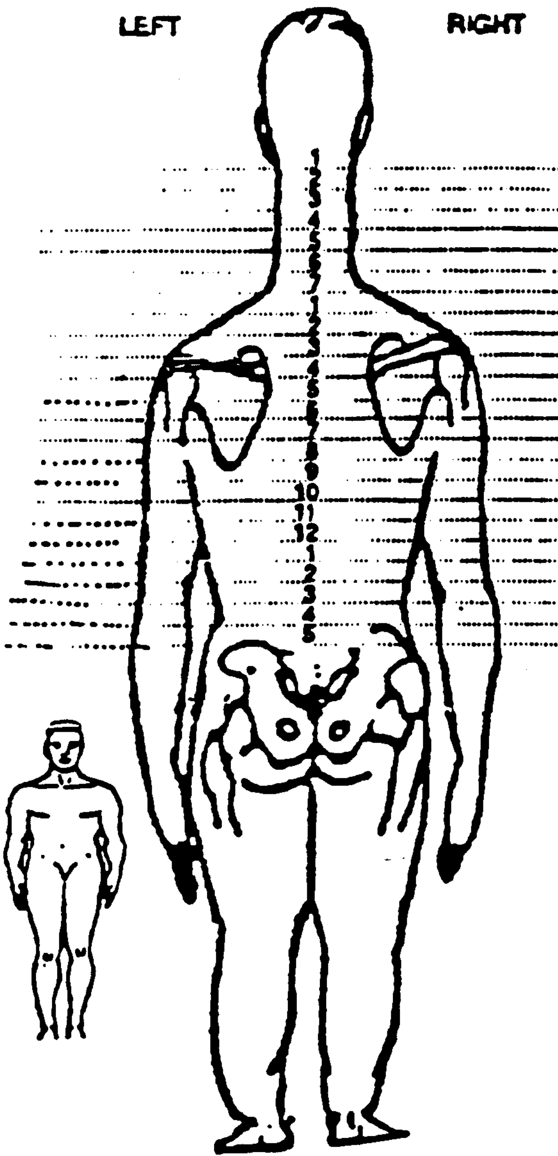

EXAMINATION
___ 99201 MINOR 10MIN
___ 99202 LOW COMPLEX 20MIN
___ 99203 MOD COMPLEX 30MIN
___ 99204 HI COMPLEX I 45MIN
___ A9170 EXAM MEDICARE

___ 97010 HOT/COLD PACKS
___ 97012 INTERSEG TRACTION
___ 97014 ELECT STIM,(UNATTENDED)
___ 97024 DIATHERMY
___ 97032 ELECT STIM, MANUAL
___ 97112 NEUROMUSCULAR RE-EDUC
___ 97122 TRACTION, MANUAL
___ 97124 MASSAGE
___ 97124-22 CERTIFIED MASSAGE THERAPY 30 MIN
___ 97139 UNLISTED___
___ 97145 ADD'L 15 MINUTES
___ 97250 MYOFASCIAL RELEASE
___ 97260 MANIP 1 AREA
___ 97261 MANIP ADD'L AREA
___ 97610 JOINT MOBILIZATION
___ 97612 INDIVID TRNG BY PROF
___ 99070 SUPPLIES___
97140

My signature confirms all of the above services have been performed today.

Patient Signature

OFFICE VISIT
___ 99211-52 NO CHARGE <5 MIN
___ 99211 MINIMAL -5 MIN
___ 99212 PROB FOCUS 10 MIN
___ 99213 EXPANDED 15 MIN
___ 99214 DETAILED 25MIN RE/ROF
___ 99049 MISSED APPT
___ 99050 SERVICES AFTER HOURS IN ADDN TO BASIC
___ 99052 SERVICES BET 10PM&8AM IN ADDN TO BASIC
___ 99054 SERVICES ON WEEKENDS & HOLIDAYS IN ADDN TO BASIC
___ 98940 SPINE ADJUST 1-2 AREAS
___ 98941 SPINE ADJUST 3-4 AREAS
___ 98942 SPINE ADJUST 5 AREAS

X-RAYS
___ 72010 AP-LAT FULL SPINE
___ 72020 SPINE 1 VIEW, SPECIFY LEVEL___
___ 72040 APOM-LAT C SPINE
___ 72050 C SPINE 5 VIEWS
___ 72052 C SPINE 7 VIEWS
___ 72069 T/L STANDING, SCOLIOSIS
___ 72070 T SPINE 2 VIEWS
___ 72072 T SPINE AP-LAT-SWIM
___ 72074 T SPINE AP-LAT-R&L OBL
___ 72090 T/L SPINE AP-LAT
___ 72100 L/S SPINE AP-LAT
___ 72110 L/S SPINE AP-LAT-R&L OBLIQUE
___ 72114 L/S SPINE COMPLETE INCL LATERAL BENDING (7VIEWS)
___ OTHER___

TIME IN:___
TIME OUT:___

PATIENT'S COMPLAINT IN OWN WORDS:

TODAY AFTER TREATMENT I FEEL:

DOCTOR'S NOTES:

Tx Plan: ___x per week for ___weeks

DIAGNOSIS/ADD/CHANGE/DELETE: (CIRCLE ONE)

FLARE-UP/AGGRAVATION/ACCIDENT:(DATES)

APPORTIONMENT YES NO ___

DISABILITY (TTD) (TPD) (PPD) from___ to___ Return to work___
Restrictions YES NO ___

PATIENT/FRONT DESK INSTRUCTIONS:

I have not violated Labor Code Section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury.

Doctor's Signature:___

Date:___ Name:___ File#:___

PP INS M/C W/C PI