

Physician (Your Name):

Location:

Date: DD/MM/YYYY



Physician Name input field

Location input field

Date input field

place label here:

Form for Last Name, First name, DOB, and ULI / OOP HCN

Diagnostic Code:

- 786.5 Pain in Chest, 719.4 Pain in Joint, 788.9 Urinary, 729.2 Neuralgia, 729.5 Pain in Limb, 781.9 MSK, 784.0 Headache, 789.0 Pain in Abdo/Pelvis

Supporting Text/Notes:

Supporting Text/Notes input area

Referring Physician:

BMI:

Table with 7 columns (Day 1-7) and multiple rows for each day, containing appointment codes (e.g., 03.08AZ, 16.91BO, 03.03D), encounter options (TEV, TWK), and call options (A/O, D/J, N/P/Q-A/Q-B/R).

Legend:

- 03.08AZ Comprehensive consultation, 16.91A Epidural / catheter insertion, 03.05A ICU visit - per 15 mins, 03.01N Phone call, 03.08L Prolonged consult; per 5 mins, 16.91B Epidural / catheter followup Separate encounter, 03.05O Chronic Pain - per 15 mins, 03.05 Special callback, 03.07AZ Minor / Repeat consultation, 03.03D Hospital visit, 03.03J Anesthesia hospital visit