

Appt Date & Time: 6/20/2008 08:10 WCN
 Appt Time: 08:10 Walk In
 Arrival Time: 07:58
 Time Called:
 Staff ID: WALK-IN

Flow Sheet

Patient: Anderson, Tiffany Job:
 Patient ID: 549-23-5133 Company ID: SJMOSQUI
 Med Rec #:
 Phone: 209-333-1037 DOB: 8/22/1970
 Address: 1416 Iris Dr #7 Age: 37
 Lodi CA 95242

Company: SJ Mosquito & Vector Control
 Contact: John Stroh
 Phone: 209-982-4675 Fax: 209-982-0120
 Address: 7759 S Airport Way
 Stockton, CA 95206

Patient Notes: AUTH GIVEN BY ED LUCHESSI 6/20/2008 07:57 AM - FROJAS

Insurance:	Address: PO BOX 269120, Sacramento, CA 95826
Ins. Plan: AIMS-SACTO 8049	
Adjuster:	Phone: 916-563-1900 Fax: 916-563-1919

ICD9 Code(s):

Diagnosis:
 Accident Description:
 Physician ID: HULL Location ID: DHA
 Injury Date: 6/19/2008 Injury ID: 1 Treatment ID: 1 Length of Care: 0 days Target: 0 days
 Physician Assigned Wk Status: Unknown

Work Comp - New Injury
 Notes:

WNC
 (SJMOSQUI)

Completed By	Orders	Qty	Fee Code	Discount Price	Billed By
	WC New Injury	1.00		0.00	
	Breath Alcohol Test - Co Req	1.00	BAT	20.00	
	Invoice To: CO SJMOSQUI				
	UDS Collection - Co Req	1.00	DSCOLL	20.00	
	Invoice To: CO SJMOSQUI				
	UDS Collection - ER	1.00	DSCOLLER	20.00	
	Invoice To: CO SJMOSQUI				
	Drug Screen - DOT 5 Panel - Co Req	1.00	DSDOTS	13.50	
	Invoice To: CO SJMOSQUI				
	Obtain copy of DWC-1	1.00		0.00	
	Interpreter Fee	1.00	INTERPRE	0.00	
	Work Status Report	1.00		0.00	
	Patient Aftercare Instructions	1.00		0.00	
	Employer Instructions - Work Comp	1.00		0.00	

 CHECK IN:
 Treatment Authorization: 982-4675
 1. John Stroh
 2. Carol Aksland
 3. Eddie Lucchesi

Discharged By: _____ Time Out: _____ Invoice #: _____ Net Total: _____ Batch #: _____
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Appointment ID 74037

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DRUG & ALCOHOL TESTING:

* None

* Company may request: DOT UDS & BAT
* Lab: Quest, Test #35304N, Client #76337

OTHER EMPLOYER-SPECIFIC INSTRUCTIONS:

* None

CHECK OUT:

WORK STATUS:

* Fax work status to Eddie Lucchesi, 982-0120

OTHER EMPLOYER-SPECIFIC INSTRUCTIONS:

* Verbal positive results to: Anyone in the treatment authorization

EMERGENCY ROOM INSTRUCTIONS:

- 1. Page OHS staff @ 461-1302 BEFORE patient is seen
- 2. Obtain Treatment Authorization
- 3. Complete UDS and/or BAT per Check-In instructions
- 4. Discharge: Give copy of work status, COC & BAT to patient

NOTE: a "" next to a price indicates the price shown is different than the standard price

\$73.50

Discharged By: _____

Time Out: _____

Invoice #: _____

Net Total: _____

Batch #: _____

Appointment ID 74037

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Batch #: _____