

MRI pre appointment

SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT
TIME OFF RECORD SHEET

DATE: 11-19-09 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 11-19-09

consisting of 1 day(s) 1 hour (s) working time, be approved.

This time off be charged to:

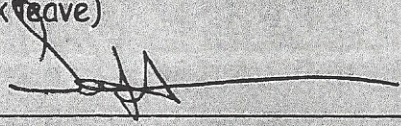
- Vacation X
- Sick Leave
- Sick Leave due to family illness

I used or wish to use days or hours of accrued and available sick leave to care for an ill family member. The sick leave was or will be used on .

The family member is my .

- Compensation for overtime
- Time off without pay
- Workers' comp. time off
- Jury Duty
- Bereavement Leave 1
- Bereavement Leave 2

(Emps: aunt, uncle, niece nephew, charged to sick leave)



Employees' Signature

Date:

Immediate Supervisor's Signature

For Office use only

<u> </u> Vac
<u> </u> Sick
<u> </u> F.Sick
<u> </u> Comp.Off
<u> </u> W/C Off

off @ 3:00



KAISER PERMANENTE

At the bottom of this page are reminders for some preventive services based on Kaiser Permanente's electronic records. If you have on-going health problems or are at high risk for certain diseases, you may need frequent preventive services and should consult your physician. If an appointment is necessary, please schedule it.

MRN: 110007897964 Name: ANDERSON, TIFFANY K

Visit Coverage: KFHP 1000

Appt Date/Time: 11/19/09 3:45 PM

Appt With: LARSON, ERIC WAYNE (M.D.)

Dept: STKORM

Check-In Date/Time: 11/19/09 3:38 PM

Amount Due: \$ 15.00

Amount Paid: \$ 15.00

Source: Credit Card

Ref:

Encounter: 3208812968

Acct: 32070238

Receipt: 5759456

PERSONAL PHYSICIAN(S)

GENERAL: JASTI, HYMAVATHY (M.*OB/GYN PHYSI: LEONG, THOMAS SINFO-CHIN
OB/GYN OTHER: GRISMORE, LYNN SOARES (N.P.)

FUTURE APPOINTMENTS

Date	Time	Provider	Loc/Dept
12/02/2009	4:00 PM	PHAN, ALEX HUANPHONG D.	* STKA/STKPMG

PREVENTIVE SERVICES	LAST	DUE
Current CRC SCREENING		8/22/81
DUE ADULT TDAP		
Current CERVICAL SCREEN	9/26/08	9/26/11
Current CHOLESTEROL SCREEN	9/15/08	9/15/13
Current PNEUMO VACCINE		8/22/35
Current INFLUENZA VACCINE		NA
Current MAMMOGRAPHY		NA

Return appointment: _____ days _____ weeks _____ months

You have paid the above amount toward your total charges for services you will receive today or during this hospital admission. If this does not cover your full financial liability, you will receive a bill for additional charges based on the specifics of your health coverage plan, your included benefits, and the actual services you receive. If you have questions or want more information about your benefits, limitations, exclusions, and charges, please call the telephone number on your identification card.