

9840 Southwest Highway Oak Lawn, IL 60453 708-423-8888

Fax: 708-423-9133

Name:	_Date:	Stop Num:

Facility/Purchase Order Number/Ordering Person/Address

Evaluations	s/ Service		5	Start	End	Total	Room	CODE	Patient Evaluation Codes
									30 - PE General
									31 - Follow-up
									32 - PE Trach Care 33 - PE Trach Change
									34 - PE Vest Therapy
									35 - PE Trach
									36 - Weaning
									Facility Consultation
								+	40 - FC Oxygen Rounds
									41 - FC PT Rounds with DR.
								+	Stat Call
									45 - SC New Patient
								+	46 - SC Existing Patient
									Pulmonary Rehab
								+	50 - PR Follow-up
									51 - PR Evaluation
								+	52 - PR Group Respiratory Assist
									60 - RA Code Blue
								+	61 - RA Rapid Response
									Equipment Setup / Delivery
					-			1	65 - ES Trach
									66 - ES CPAP/BiPAP
								\perp	67 - Equipment Delivery
									10 - Equipment Setup
									In-service Education
									70 - IE Trach Care
									71 - IE CPAP/BiPAP
									72 - IE Oxygen In-service
									73 - IE Respiratory Assessment
									74 - IE Respiratory A & P
									75 - IE Breath Sounds
									76 - IE Spirometry
									77 - IE Gold Guidelines
Item/Serial 1	Number:						Room	Quan	78 - IE (Name of Inservice)
									Equipment Maintenance
									90 - EM Facility Owned 91 - EM PEL Owned
									Travel Time/
									21 - TT Stat
									95 - TT Billable
									96 - TT Non-billable
									Special Charges
									13 - ABG
									15 - Oximetry Overnight
Notes									16 – Spirometry
									17 - EtCO2/SPO2 Study
									PEL/VIP Representative
									Facility Signature:
			T = - =	1					
Teores 1 :	Time Start	Time End	Odometer Sta	rt Ode	meter end	Miles Total	Tolls	Code	Facility Print Name:
Travel in			1						Authorized Facility Signature: I have
T 1			1					+	reviewed and approve services and
Travel Out									items listed above as being provided to this facility.
Jui									this facility.