

# CHADWICK B. HAMPTON, MD

PATIENT NAME \_\_\_\_\_

DOB \_\_\_\_\_ CONSULTING PHYSICIAN \_\_\_\_\_

SURGERY DATE \_\_\_\_\_ ADMISSION DATE \_\_\_\_\_

PLACE OF SERVICE PBGMC StMARY JMC SCPBG SCBURNS LWSC NPBapst

DIAGNOSIS 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

PROCEDURE 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

INPATIENT CONSULT DATE \_\_\_\_\_

99251 99252 99253 99254 99255

OUTPATIENT CONSULT DATE \_\_\_\_\_

99241 99242 99243 99244 99245

INPATIENT H&P DATE \_\_\_\_\_

99221 99222 99223

OUTPATIENT H&P DATE \_\_\_\_\_

99201 99202 99203 99204 99205

HOSPITAL VISIT DATE \_\_\_\_\_

99231 99232 99233 99234 99235

CAST/SPLINT DATE \_\_\_\_\_

SAC 29075 LAC 29065 SAS 29125 LAS29105 TSC 29085

SLC 29405 LLC 29345 SLS 29515 LLS29505