## Processor I – Productivity Tracking

Name: _____ Prep Date: _____ Scan Date: _____

Chart Type: (check one) ☐ Inpatient/CTH, AMB, PDT ☐ OPE, THER, ER, OP DX & MIC ☐ Loose

| Information to be completed by the: | | | | Information to be completed by the: | | | |
|---|---|---|---|---|---|---|---|
| **Prepper** | | **Scanner** | | **Prepper** | | **Scanner** | |
| Priority Chart | Encounter / Batch Label | Page Count | Scanner's Initials | Priority Chart | Encounter / Batch Label | Page Count | Scanner's Initials |
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9/2010
M-39

Distribution: White: Prepper Yellow: Scanner


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Distribution: White: Prepper Yellow: Scanner