



THUMB REGION

HURON MEDICAL CENTER
AMBULATORY/PAIN PROCEDURES
RECOVERY ROOM CHARGES
MISCELLANEOUS SUPPLIES

		ROOM TIME IN _____ OUT _____ DATE _____	PROCEDURE TIME BEGAN _____ ENDED _____ ANES. _____
		ANESTHESIOLOGIST	
		DIAGNOSIS	
		PROCEDURE	
		PERSONNEL	RM#
		Ambulatory Holding	<input type="checkbox"/> 0300038
		First 1/2 hr in OR	<input type="checkbox"/> 0300095
		Document # of 1/2 hr increments after first 1/2 hr	_____ 31118-3
		First 1/2 hr in Rec. Rm	<input type="checkbox"/> 0300277
		Document # of 1/4 hr increments after first 1/2 hr	_____ 31116-7
		First 1/2 hr in Exam Rm	<input type="checkbox"/> 300053
		Document # of 1/2 hr increments after first 1/2 hr	_____ 31117-5

OVER
