

**McLaren Thumb Region
 AMBULATORY/I & O/SURGICAL
 RECOVERY ROOM CHARGES
 MISCELLANEOUS SUPPLIES**

		ROOM TIME IN _____ OUT _____ DATE _____	SURGERY TIME BEGAN _____ ENDED _____ ANES. _____
		SURGEON PRE-OP POST-OP	
		PROCEDURE	
		PERSONNEL	OR RM#
		Ambulatory Surgery <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	
Laser CO2 (ENT) ___ 302448 Holium (Stone) ___ 304261 Niagara KTP (PVP) ___ 326062		<input type="checkbox"/> 1400019 Urodynamics <input type="checkbox"/> 321232 Urine flow measurement <input type="checkbox"/> Check w/ Materials Management for additional charges 506642 Blades x _____ 506931 Penrose x _____ 300871 Suture x _____ 303677 Circlage Wire x _____ 506980 Ortho Staple x _____ 303685 K-Wire x _____ 506923 Stockinette x _____ ft. 301564 JDR Office Lens x _____ 506915 OCL Splint 12" x _____ 303370 HMC Consignment Lens x _____ 506907 Plaster Splint 12 thickness x _____ 506816 Cast Padding for Plaster Rolls x _____ 506808 Cast Padding for Fiberglass Rolls x _____	
Path Tissue: _____ Normal: _____ Wound: _____ Urine: _____	Sponges: _____ Instruments: _____ Needles: _____ Drains/Packs: _____		
Post-Op Condition: _____	Delay: _____		

OVER
