

**Practice Name**

Street Address

City, State Zipcode

Telephone #

Tax ID #

Appt Time

Visit code

Account	Phone	Birth	Sex	Service Date
Address		Pt Balance	Code	
Policy Holder name				
Provider	Referring Physician			

C O U N S E L I N G		I M M U N I Z A T I O N S			
99402	PREVENTIVE COUNSELING				
99401A	ADDITIONAL INDIVIDUAL		9 0 6 3 2	H e p a t i t i s A S e r i e s	
99401E	H U M C E		9 0 7 4 6	H e p a t i t i s B S e r i e s	
			9 0 7 4 7	H E P B S e r i e s I m m u n o	
			9 0 6 5 8	I n f l u e n z a	
			5 5 5 5 5	M e d i c a r e I n f l u e n z a	Submit to Medicare
			9 0 2 8 1	I G G #	
			9 0 7 3 5	J a p a n e s e E n c e p h a l i t i s	
			9 0 7 3 3	M e n i n g o c o c c a l	
			9 0 7 3 4	M e n a c t r a (< A g e 5 5)	
			9 0 7 0 7	M M R	
			9 0 7 3 2	P n e u m o c o c c a l	
			5 5 5 5 4	M e d i c a r e P n e u m o c o c c a l	Submit to Medicare
			9 0 7 1 3	P o l i o v i r u s , I P V	
			9 0 6 7 6	R a b i e s V a c c i n e	
			9 0 7 1 8	T e t a n u s / D i p t h e r i a	
			9 0 7 1 5	T e t a n u s / D i p t h e r i a / A P e r t u s s i s	
			9 0 6 3 6	T w i n r i x	
			9 0 6 9 1	T y p h o i d V a c c i n e	
			9 0 6 9 0	T y p h o i d O r a l V a c c i n e	
			9 0 7 1 7	Y e l l o w F e v e r V a c c i n e	
			9 0 7 1 6	V a r i c e l l a V a c c i n e	
			9 0 7 3 6	Z o s t e r V a c c i n e	
D I A G N O S I S		V 0 7 . 9			

**DIAGNOSIS**

Current	30 Days	60 Days	90 Days	120 Days	Previous Balance	
Previous Diagnosis					Charges	
					Payments	
RETURN	_____ Days	_____ Weeks	_____ Month	NEXT APPT:	CC/CASH/CK #	Total Balance