

Name: _____ Time: _____

Pynt Method: _____ Dr: _____

Confirmed ROT Time: _____

Finances: Owed from 1st Visit: _____

CoPay: _____ Deductible: _____

Visit Limit Per Year: _____

Orthotics: _____ TP's: _____ **BB**

Traction: _____ **BB**

Other:

Doctor Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Tx Plan In Notes | <input type="checkbox"/> Referral Source |
| <input type="checkbox"/> Dx – 12 max | <input type="checkbox"/> Narrative <input type="checkbox"/> NA |
| <input type="checkbox"/> Charges | <input type="checkbox"/> X-ray Report |
| <input type="checkbox"/> Pain Diagram | <input type="checkbox"/> 3 Fee Options |
| <input type="checkbox"/> HB, ME, NRS | <input type="checkbox"/> 1 st Adjustment |
| <input type="checkbox"/> TP, Traction, Footlevelers | <input type="checkbox"/> Medicare Nts <input type="checkbox"/> NA |
| <input type="checkbox"/> Goals of Care | <input type="checkbox"/> WC Notes <input type="checkbox"/> NA |
| <input type="checkbox"/> NRS and Disability Scores are put in notes | |
| <input type="checkbox"/> Sign Exam Card | |
| <input type="checkbox"/> Alert Packages attached | _____ |
| <input type="checkbox"/> Multiphase Tx plan | Doctor Initials |