

I.R.T Clinic location (circle one): Saipan Tinian Rota Exam Date: _____

Name: _____ DOB: _____ Age: _____ Phone: _____

Address: _____ Veteran: Y or N [] Initial visit with us -or- _____

DO YOU HAVE ANY INSURANCE COVERAGE? Y OR N ALLERGIES: _____

SERVICES REQUESTED:

[] MEDICAL CONCERN [] CHECK UP/PHYSICAL [] BEHAVIORAL HEALTH [] PT/OT [] DENTAL [] VISION

VITAL SIGN: BP _____ HR _____ RR _____ WT _____ HT _____ PULSE OX _____

CC: _____

HPI: _____

PMH: CAD HTN HLD DM COPD/ASTHMA CKD CHF DEPRESSION ANXIETY _____

PSH: CHOLE APPY HERNIA TAH/BSO CABG CATH JOINT _____ BOWEL _____

SCREENING HX: MAMMO _____ COLONOSCOPY _____ DEXA _____ PAP _____ CT CHEST _____ LABS _____

MEDICATIONS: _____

SOCIAL HISTORY: ETOH _____ TOBACCO _____ DRUGS _____

HEENT [] NORMAL [] ABNL _____

HEART [] NORMAL [] ABNL _____

LUNGS [] NORMAL [] ABNL _____

ABDOMEN [] NORMAL [] ABNL _____

EXTREMITIES [] NORMAL [] ABNL _____

GENITAL [] NORMAL [] ABNL _____

NEURO [] NORMAL [] ABNL _____

PSYCH [] NORMAL [] ABNL _____

SKIN [] NOMRAL [] ABNL _____

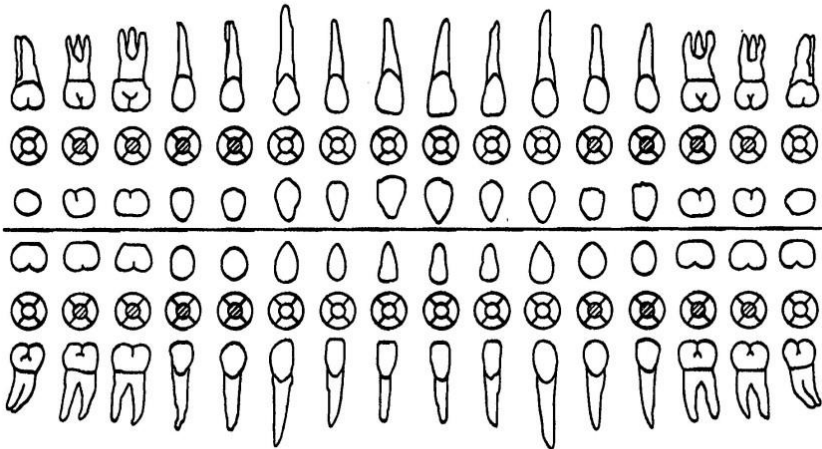
A/P: _____

REFERRAL: _____

Army-AD/Army Reserve Navy-AD/Navy Reserve Air Force-AD/Air Force Reserve/ANG
99202 OUTPT VISIT – 20 MIN 99203 OUPT VISIT – 30 MIN 99204 – OUPT VISIT 45 MINUTES
WELL CHILD 99381 < 1 YO 99382 1-4 99383 5-11 99384 12-17 99385 18-39 99386 40-64 99387 >65

ADDITIONAL CPT CODE _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

DentHx/COMPLAINT: _____

Exam/NOTES: _____

Tooth/ Surface	Procedure Code	Treatment	Dr/ Assist.

OPT COMPLAINT/OcularHX: _____

Dist. P.D. = _____ mm Spect Frame (NORA) selected by patient: _____ seg ht: _____ mm

DVA : [sc] IOP(Tonopen): Visual fields EOM's Pupils: Autorefr: Color/ other: []

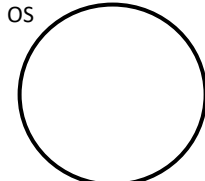
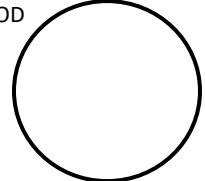
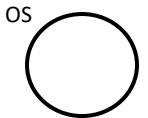
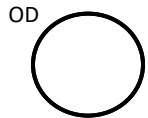
OD: 20/ _____ FTFC or _____ Smooth & Full PERRLA _____

OS: 20/ _____ FTFC or _____ Smooth & Full PERRLA _____

MRX	OD: _____ 20/ _____ ADD: _____
	OS: _____ 20/ _____

External: [normal findings]

Internal: [normal findings]



A/P: _____

[No glasses indicated] [spect Rx to pt] [mission to fabricate specs] REFERRAL: [none] -or- _____

Provider Service (circle): Army-AD/Army Reserve Navy-AD/Navy Reserve Air Force-AD/Air Force Reserve/ANG

[92002] Eye exam, new patient – intermediate [92015] Determination of Refractive state [92081] Confrontations Visual Field

[92004] Eye exam, new patient – comprehensive [92340] Fitting of spectacles: P.D, frame, segHt [65205] Removal foreign body, external eye; conj.