


<b>VHAS DUTY REPORT</b>	DATE:	ANESTHESIOLOGIST:	MSP#:	AA- L ACTIVITY 
INVOICED DUTY TIME:	START:	SIGNATURE: <i>I certify the services and hours reported were provided under the terms of the PACSC</i>		
	END:			

<b>SCHEDULED DUTY / LOCATION /OR#:</b> PLEASE TICK ALL THAT APPLY	RECORD CHANGES TO SLATED ROLE/NOTES TO VHAS OFFICE:		
<b>O.R. ROLES</b> OVERRUNS PERMITTED	<b>CALL ROLES</b>	<b>OUT-OF-OR ROLES</b> OVERRUNS NOT PERMITTED	<b>END OF SHIFT RELIEF</b> 20 MIN HANDOVER TIME CAN BE ADDED TO INVOICED TIME FOR OR ENCOUNTERS ONLY
<input type="checkbox"/> JPOR 7 <sup>00</sup> -17 <sup>00</sup>	<input type="checkbox"/> C1 7 <sup>00</sup> -19 <sup>00</sup>	<input type="checkbox"/> N4 18 <sup>00</sup> -24 <sup>00</sup>	<input type="checkbox"/> CONSULT 7 <sup>00</sup> -16 <sup>00</sup>
<input type="checkbox"/> UBCOR 7 <sup>15</sup> -17 <sup>00</sup>	<input type="checkbox"/> D1 7 <sup>00</sup> -19 <sup>00</sup>	<input type="checkbox"/> U1 7 <sup>15</sup> -17 <sup>00</sup>	<input type="checkbox"/> ACC 7 <sup>30</sup> -16 <sup>00</sup>
<input type="checkbox"/> C2 7 <sup>00</sup> -19 <sup>00</sup>	<input type="checkbox"/> D2 7 <sup>00</sup> -19 <sup>00</sup>	<input type="checkbox"/> IOE 7 <sup>00</sup> -19 <sup>00</sup>	<input type="checkbox"/> PAIS 7 <sup>00</sup> -16 <sup>00</sup>
<input type="checkbox"/> CATH LAB 7 <sup>00</sup> -17 <sup>00</sup>	<input type="checkbox"/> D3 7 <sup>00</sup> -19 <sup>00</sup>	<input type="checkbox"/> LUNG TX	<input type="checkbox"/> POA 13 <sup>00</sup> -21 <sup>00</sup>
<input type="checkbox"/> JPRAD 7 <sup>30</sup> -17 <sup>00</sup>	<input type="checkbox"/> N1 19 <sup>00</sup> -07 <sup>00</sup>	<input type="checkbox"/> LIVER TX	<input type="checkbox"/> CSICU WD 7 <sup>00</sup> -19 <sup>00</sup>
<input type="checkbox"/> ESWL 7 <sup>30</sup> -16 <sup>30</sup>	<input type="checkbox"/> N2 19 <sup>00</sup> -07 <sup>00</sup>	<input type="checkbox"/> PANC TX	<input type="checkbox"/> POAU 11 <sup>00</sup> -19 <sup>00</sup>
	<input type="checkbox"/> N3 18 <sup>00</sup> -24 <sup>00</sup>		<input type="checkbox"/> CSICU WE 7 <sup>00</sup> -17 <sup>00</sup>
			<input type="checkbox"/> ECC 7 <sup>30</sup> -17 <sup>00</sup>
			<input type="checkbox"/> POPS 7 <sup>00</sup> -19 <sup>00</sup>
			<input type="checkbox"/> ECT 7 <sup>30</sup> -16 <sup>00</sup>
			<input type="checkbox"/> AIC 6 <sup>30</sup> -17 <sup>00</sup>
			<input type="checkbox"/> STROKE 7 <sup>00</sup> -16 <sup>00</sup>
			<input type="checkbox"/> ENDO 7 <sup>30</sup> -16 <sup>00</sup>
			RELIEVED Dr: Time:
			RELIEVED Dr: Time:
			RELIEVED BY Dr: Time:

<b>AFFIX PATIENT LABEL HERE</b>	FROM:	TO:	PROCEDURE/S:
	PROCEDURALIST (if different from label)		MSP CODE
	CONSULT <input type="checkbox"/> 1015 <input type="checkbox"/> 1115 <input type="checkbox"/> PRIOR		ASA 1 2 3 4 5 E
	<input type="checkbox"/> CRITICAL CARE IN CSICU/IPACU Refer to CSICU/IPACU billing form for encounter details		BMI > 35.0 _____ ANES LEVEL
2 <sup>nd</sup> ANESTHESIOLOGIST INVOLVED: <input type="checkbox"/> SEQUENTIAL <input type="checkbox"/> SIMULTANEOUS	<input type="checkbox"/> WCB <input type="checkbox"/> PRIVATE/OOC <input type="checkbox"/> NON BC	<input type="checkbox"/> T EPID 1071 <input type="checkbox"/> L EPID 1072 <input type="checkbox"/> AWAKE INT 1192	<input type="checkbox"/> PRONE 1059 <input type="checkbox"/> SITTING 1166 <input type="checkbox"/> PA CATH 1077 <input type="checkbox"/> ASA 4/5 (card E) 1080 <input type="checkbox"/> >8 Hours 1080 <input type="checkbox"/> IABP 1080

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