1000									
VHAS DUTY REPORT	VHAS DATE:			HESIOLOGIST:			MSP#:	AA- L ACTIVITY	
INVOICED DUTY TIME: START:				ne services and hou	rs repo	ne terms of the PACSC			
END:		SIGNATU	RE:						
SCHEDULED DUTY / LO	OCATION /OR#:			RECORD CHANGE	S TO SLATED ROLE,	NOTES	TO VHAS OFFICE:		
O.R. ROLES OVERRUNS PERMITTED	CALL HOLLS				OUT-OF-O		TTED 20 MIN HANDOVER TIME CAN BE ADDED TO INVOICED TIME		
☐ JPOR 7 [∞] -17 [∞]	C1 7 [∞] -19 [∞] N4 18 [∞] -24 ^o			CONSULT	7 ⁰⁰ -16 ⁰⁰		PAIS 7 ⁰⁰ -16 ⁰⁰		
UBCOR 7 ¹⁵ -17 ⁰⁰ C2 7 ⁰⁰ -19 ⁰⁰	D1 7 ⁰⁰ -19 ⁰⁰	U1 715-1					POA 13 [∞] -21 [∞] Time: POAU 11 [∞] -19 [∞] RELIEVED Dr:		
☐ CATH LAB 700-1700	D2 7 [∞] -19 [∞] IOE 7 [∞] -19 [∞] D3 7 [∞] -19 [∞] LUNG TX				5 7 [∞] -19 [∞] E 7 [∞] -17 [∞]	H	POAU 11 ⁰⁰ -19 ⁰⁰ ECC 7 ³⁰ -17 ⁰⁰		
☐ JPRAD 7 ³⁰ -17 ⁰⁰	□ N1 19 [∞] -07 [∞] □ LIVER TX			□ POPS 7 [∞] -19 [∞] □			ECT 7³0-16 [∞]	7 ³⁰ -16 [∞] RELIEVED BY Dr:	
ESWL 7 ³⁰ -16 ³⁰	□ N2 19 [∞] -07 [∞] □ N3 18 [∞] -24 [∞]	☐ PANC TX		+=			STROKE 7 [∞] -16 [∞] Time:		
Assimo									
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2 nd ANESTHESIOLOGIST INVOLVED:				WCB PRIVAT	TE/OOC NON	вс	AWAKE INT 1192	PA CATH 1077	☐ IABP 1080
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