PROVIDER ID:				NODE ID:	
PROVIDER NAME:			<u> </u>		
HOST NAME:					
HOST ID:					
PATIENT NAME:					
EVENT TYPE:					
EVENT DATE:	/(to/)			
	DIAGNOSES CONTI		TION SHEET		
	FOF SEPARATELY BILLING DOCTORS		R REFERENCE YEA	AR 2005	
	noses for (this visit/these visits). I would 9 codes (or the DSM-4 codes), if they	_	CODE	DESCRIPTION	
[IF CODES ARE NOT USED, RECORD DESCRIPTIONS.]					
					1 1
		 			OFFICI
		 			USE ONLY
		.—. 			
B4b. Which of these	was the principal diagnosis?	IF M ■	ONLY ONE DIAGNO MORE THAN ONE D CHECK BOX FOR DIAGNOSIS CIRCLE '-8' IF PRI DIAGNOSIS NOT	DIAGNOSIS: PRINCIPAL	