

Outpatient Procedure Component Denominator for Procedure

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*required for saving

Facility ID	Procedure #:		
*Patient ID:	Social Security #:		
Secondary ID:	Medicare #:		
Patient Name, Last:	First:	Middle:	
*Gender: F M Other	*Date of Birth:		
Ethnicity (Specify):	Race (Specify):		
Event Type: PROC	*NHSN Procedure Code Category:		
*Date of Procedure:	CPT Procedure Code:		
Procedure Details			
*Wound Class: C CC CO D		*Duration: _____ Hours _____ Minutes	
*ASA Score: 1 2 3 4 5		*General Anesthesia: Yes No	
*Endoscope: Yes No		*Diabetes Mellitus: Yes No	
Surgeon Code: _____			
*Height: (choose one) _____ feet _____ inches _____ meters		*Weight: _____ lbs/kg (circle one)	
Custom Fields			
Label		Label	
_____ / _____ / _____		_____ / _____ / _____	
_____ / _____ / _____		_____ / _____ / _____	
_____ / _____ / _____		_____ / _____ / _____	
_____ / _____ / _____		_____ / _____ / _____	
_____ / _____ / _____		_____ / _____ / _____	
_____ / _____ / _____		_____ / _____ / _____	
_____ / _____ / _____		_____ / _____ / _____	
Comments			
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