

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

- Ultrasound static-guidance used
 Ultrasound dynamic-guidance used

Indication(s):

- Joint pain Joint swelling Fever Extremity redness

Location:

- Right Left Specify site: _____

Complications:

- NONE Other: _____

Resident/PA/NP signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

Physician signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

- I (Attending physician) was present and personally supervised the entire procedure.

CPT: 76942-26