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Return FAX: 434-924-6174

If questions: 434-924-7186

UVa Health System Forms Proof Sheet

)ATE	: December 17, 2003	COMMENTS:
o:	Fern Campbell	031278 - Pediatric Urology -
	TMENT: Pediatrics	Medical History Form
ов #:	202205	
AX #		
AGES	INCLUDING THIS SHEET: 3	
Syste		HIS CAREFULLY D THIS FORM. It has been developed to meet UVa Health, etc.) are specific to your department. Please answer the following questions regarding
	ONE OF THE SPACES BELOW:	the form referred to on this proof sheet:
1.	THIS FORM IS CORRECT AS IS.	Is this form to become part of the Patient's Permanent Medical Record?
		☐ Yes ☐ No
2.	Signature Date OK WITH NOTED CORRECTIONS: Additional proof not necessary.	If yes, please assist us in determining the catagory in which it should be placed: □ 01 Consents □ 02 ED □ 03 H&P / Consult/Assessment □ 04 Discharge Notes
 3. 	OK WITH NOTED CORRECTIONS:	If yes, please assist us in determining the catagory in which it should be placed: O1 Consents O2 ED O3 H&P / Consult/Assessment O4 Discharge Notes O5 Procedures O6 Results O7 Orders O8 Inpatient Notes O9 Progress Notes O1 Flowsheets
 3. 	OK WITH NOTED CORRECTIONS: Additional proof not necessary. Signature CORRECT AND SEND A NEW PROOF:	If yes, please assist us in determining the catagory in which it should be placed: O1 Consents O2 ED O3 H&P / Consult/Assessment O4 Discharge Notes O5 Procedures O6 Results O7 Orders O8 Inpatient Notes O9 Progress Notes