

## Initial Certification

### UCSD CENTER FOR OCCUPATIONAL & ENVIRONMENTAL MEDICINE

## REGISTRATION & CHARGE DOCUMENT

Date: \_\_\_\_\_

BULK NO. 9990011

Please fill out this top box.

INDEX NO. FOR RECHARGE				MAIL CODE
LAST NAME		FIRST NAME	MI	MARITAL STATUS
DATE OF BIRTH	SSN#	SEX	HOME PHONE	CELL PHONE NO.
HOME ADDRESS		CITY	ZIP CODE	WORK PHONE
DEPARTMENT		SUPERVISOR		

Check services provided

	<b>RESPIRATORY QUESTIONNAIRE REVIEW/CLEARANCE</b>	<b>#269.1</b>
	<b>BRIEF TELEPHONE CONSULT FOR CLARIFICATION/NO CHARGE</b>	
	<b>SIMPLE PHONE CONSULT</b>	<b>#216</b>
	<b>BRIEF EXAM</b>	<b>#204</b>
	<b>SPIROMETRY – COEM</b>	<b>#269</b>
	<b>OTHER:</b>	

COEM Paperwork processing:

- Fax certification to Daphne Thaug at (858) 822-3769 within 48 hours upon receipt of medical questionnaire.
- Copy to patient.
- Register patient; forward to COEM billing.
- Copy of Certification to N.P. for log.

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
PID#

\_\_\_\_\_  
Date