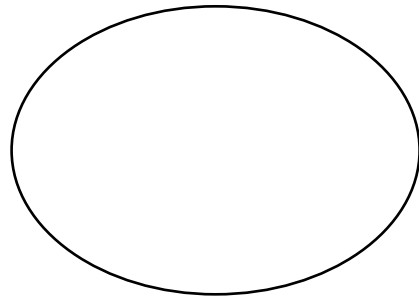
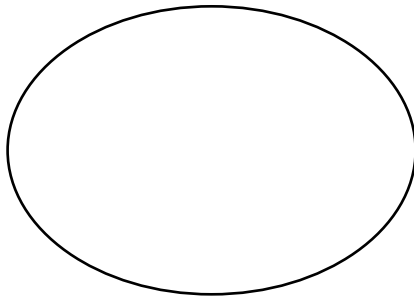


MINOR PROCEDURE TREATMENT

Name: _____	Date: _____															
Indications:	Procedure:															
VA: SLE: Dx:	<table style="width: 100%; border: none;"><tr><td style="padding: 2px;">FB removal conjunctival</td><td style="text-align: right; padding: 2px;">65205</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr><tr><td style="padding: 2px;">FB removal conjunctival (embedded)</td><td style="text-align: right; padding: 2px;">65210</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr><tr><td style="padding: 2px;">FB removal corneal, w/SL</td><td style="text-align: right; padding: 2px;">65222</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr><tr><td style="padding: 2px;">Epilation w/forceps</td><td style="text-align: right; padding: 2px;">67820</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr><tr><td style="padding: 2px;">Closure of lacrimal punctum, plug</td><td style="text-align: right; padding: 2px;">68761</td><td style="text-align: right; padding: 2px;"><input type="checkbox"/></td></tr></table>	FB removal conjunctival	65205	<input type="checkbox"/>	FB removal conjunctival (embedded)	65210	<input type="checkbox"/>	FB removal corneal, w/SL	65222	<input type="checkbox"/>	Epilation w/forceps	67820	<input type="checkbox"/>	Closure of lacrimal punctum, plug	68761	<input type="checkbox"/>
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FB removal corneal, w/SL	65222	<input type="checkbox"/>														
Epilation w/forceps	67820	<input type="checkbox"/>														
Closure of lacrimal punctum, plug	68761	<input type="checkbox"/>														

Signature: _____ Date: _____

Witness: _____ Time: _____



The patient tolerated the procedure well and left in good condition. The postoperative instructions were given including the medications and activity level as well as a follow-up appointment.

Signature _____ **OD**