

DR Name _____

Date submitted _____

DOS	label or Pt name and PH#	DOB	Fee Codes	# services	Dx/ICD9 Codes	Times and Notes – as applicable	Other Notes Loc Code / Ref Dr
						time called	
						time arrived	
						2 nd stage start at _____ to del of baby at _____ and placenta at _____	
						if applicable start of CS _____ to _____	
						Oxy Start _____ to _____	
DOS	label or Pt name and PH#	DOB	Fee Codes	# services	Dx/ICD9 Codes	Times and Notes – as applicable	Other Notes Loc Code / Ref Dr
						time called	
						time arrived	
						2 nd stage start at _____ to del of baby at _____ and placenta at _____	
						if applicable start of CS _____ to _____	
						Oxy start _____ to _____	
DOS	label or Pt name and PH#	DOB	Fee Codes	# services	Dx/ICD9 Codes	Times and Notes – as applicable	Other Notes Loc Code / Ref Dr
						time called	
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DOS	label or Pt name and PH#	DOB	Fee Codes	# services	Dx/ICD9 Codes	Times and Notes – as applicable	Other Notes Loc Code / Ref Dr
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						time arrived	
						2 nd stage start at _____ to del of baby at _____ and placenta at _____	
						if applicable start of CS _____ to _____	
						Oxy start _____ to _____	

Please note - please do not combine billings for newborns and moms. Use separate boxes/sections for each. Thank you.