

Patient Name: _____ Date: ___/___/___

Fracture Care

Doctor _____

Right: 1

DOI ___/___/___

DLS ___/___/___ Q_____

Left: 2

A Initial Enc. Closed	Diab Type 1 E10.49	Neuroma G57.6
B Initial Enc. Open	Diab type 2 neuropathy E11.49	Rupture Achilles Flexor M66.36__
D Subsequent Routine Healing	Diab type 1 Circulatory E10.59	Rupture Other Tendon M66.86__
S Sequela Delay Effect	Diab type 2 Circulatory E11.59	Sesamoiditis M89.8X7
	Diab type 2 W/O Comp E11.9	Standing Calcaneal Valgus Q66.4
Proximal Distal Medial	Atherosclerosis I70.203	Synovitis Ankle/Foot M12.27__
Displaced Nondisplaced	Neuritis M79.2	Tailor's Bunion M20.1__
	Achilles Tendonitis M76.6__	Tarsal Coalition Q66.89
Fx Calcaneus Closed S92.0__	Ankle Instability M25.37__	Tibialis Tendon Ant M76.811,2
Fx Tarsal S93.31__	Bursitis M71.57__	Tibialis Tendon Post M76.821,2
Fx Lateral Malleolus S82.6__	Capsulitis M77.5__	Unequal Leg Length M21.76__
Fx Medial Malleolus S82.5__	Cavus Foot Congenital Q66.7_	PVD I73.9_
Fx Metatarsal Closed S92.3__	Charcots Arthropathy M14.67__	Venous Stasis I87.2
Fx toe closed S92. __	Contracture Ankle Joint M24.57__	Peroneal Tendonitis M77.5__
Fx talus closed S92. __	Contracture Toe M20.6__	
Hematoma Ft/Ankle S90.3__	Dermatitis L30.9	Ulcer Codes:
Contusion toe/nail S90. __	Drop foot M21.37__	Non-pressure Ulcer Ankle:
Path Fx tibia/fibula M84.46__	Edema R60.0	Subq. L97.311 or L97.321
Sprain foot IP joint toe S93.5_	Enthesopathy M77.5__	Fat Layer L97.312 or L97.322
Sprain ankle S93.40_	Exostosis M25.77__	Muscle L97.313 or L97.323
Sprain ft tarsomet joint S93.62_	Foreign body L92.3	Bone L97.314 or L97.324
Sprain ankle Achilles ten S86.01_	Ganglion Cyst M67.47_	
Stress Fx Met M84.37_	Gout M10.07__	Non-pressure Ulcer Heel/Midft:
Stress Fx Tibia/Fibula M84.36_	Hallux Interphalangeus M20.5X__	Subq. L97.411 Or L97.421
Symptomatic Int Fix T84.293__	Hallux Rigidus Limitus M20.2__	Fat Layer L97.412 or L97.422
Injury Foot S99.82__	Hallux Valgus M20.1__	Muscle L97.413 or L97.423
Injury Ankle S99.81__	Hammertoe M20.4__	Bone L97.414 or L97.424
Benign lesion D23.7__	Heel Spur M77.3__	
Cellulitis/Abscess Ft L03.11__	IPK L85.1	Non-pressure Ulcer Other Part Foot:
Cellulitis/Paronychia toe L03.03__	Xerosis Cutis L85.3	Subq. L97.511 or L97.521
Hematoma M79.81	Inflamed Keratoma L82.0	Fat Layer L97.512 or L97.522
Soft Tissue Mass R22.4__	Metatarsalgia M77.4__	Muscle L97.513 or L97.523
Sebaceous Cyst L72.3__	Met Primus Varus Q66.2	Bone L97.514 or L97.524
Gangrene I96.0__	Other Acquired Deformities M21.6X__	Verruca B07.0
	Plantr Fasciitis M72.2	Onychomycosis B35.1
Pain in Joint M25.57__	Plantar Flexed Metatarsal M21.6X__	Tinea Pedis B35.3
Pain in Foot M79.67__	Raynaud's Syndrome I73.0__	Onycholysis L60.1
		Onychocryptosis L60.0

Patient Return: _____

TODAY'S Charges: _____

PAYMENT: \$ _____

Cash: \$ _____ Check # _____

Charge: VS / MC / DC / AX Auth # _____

I recognize and accept full personal responsibility for all professional services rendered and authorize Insur Co. to pay benefits directly to the physician. Patient Signature: _____

Physician Signature: _____