

Patient Name	Date
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**GENERAL TEACHING PHYSICIAN (T/P)
EVALUATION AND MANAGEMENT CODING DOCUMENTATION**

Patient Status (Check):	<input type="checkbox"/> Consultation	<input type="checkbox"/> Established
Patient Location (Check):	<input checked="" type="checkbox"/> In-Patient	
<input type="checkbox"/> Patient seen during dialysis		

I personally confirmed the key elements of the history, physical and laboratory evaluation documented by Dr. _____
I particularly note that:

My exam confirms or revises

B/P: _____ HR: _____ RR: _____

Lungs: _____ Heart: _____ Edema: _____

Other: _____

Diagnostic Tests and/or X-Rays performed or reviewed show:

	Ca ⁺⁺	Mg ⁺²	PO ₄	Albumin
/	WBC	Hct	Plat	

I confirm revise assessment and diagnosis of:

ARF - no evidence of recovery ESRD - routine hemodialysis

And agree revise the resident's plan of care as follows:

CVVH - 3 L/hr infusion; Qb 135 ml/min, UF _____ ml/hr; _____ KCl mM/hr; _____ NaHPO₄ mM/hr

HD - K⁺, Ca⁺², UF goal, _____ hrs

SEE RESIDENT'S NOTE FOR FURTHER DETAILS

_____ Attending Physician I. David Weiner, M.D. 001255	_____ Time	_____ Date
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