Computer Paramedics

Amnesia Computer Encounter Form

Patient Information		Visit Information	
Patient ID number		Visit date	
Patient name		Visit number	
Address		Reason for visit	
City/State			
Social Security number			
Phone number			

CATEGORY	CODE	FEE
Office Visit — In Home		
Data Recovery - Level 1	28190	89.00
Data Recovery - Level 2	11730	189.00
Data Recovery - Level 3	11750	Varies

Requested Data Search				
File or Folder Name	**File Type**	**Last Known Location**	**# of Files**	**Priority (H,M,L)**

Data Return Method	CODE	Add. Fee
External Hard Drive	EXTHARD	89.00
DVD Disk	DVDDISK	None
CD DISK	CDDISK	None
		Other

Vitals:

Make _____

Model _____

Other Visit Information:

Lab Work to Order: _____

Referral to: _____

Fees:

Total Charges:

Provider Signature: _____

Next Appointment: _____

Total Due: **$**_____