

Patient: <aaa, aaa> Patient Id: <39898> XId: <>

**General**

SSN: 000-00-5878 Last: aaa First: aaa MI:  Name Chg

DOB: 06/06/1990 Prov: BEB NRS: ABB FC:

Gender:  Female  Male PC:

Type:  Ref Pat:  Donor:  Infert Pt:

**Medical Info**

NKA  NKDA Uter. Pos:

Allergies: pcn OBGYN:

**Demographics**

Addr Line 1: 1 One Way  
 Addr Line 2: Ste 17  
 City: Morristown

**Doctor Lookup**

Last Name:  Search Doc Type:

Name	Practice	Phone Number	Fax Number	Type
<None>				

**Superbills - (...) aaa, aaa (-5878)**

Dte of Bill	Time of Bill	Dte of Service	Total Charges	Total Paid	Location
04/28/11	08:58 AM	04/28/11	\$0.00	\$0.00	Morristown
04/19/11	12:50 PM	04/19/11	\$425.00	\$0.00	Morristown
04/01/11	09:12 AM	04/01/11	\$0.00	\$0.00	Morristown
04/01/11	08:47 AM	04/01/11	\$425.00	\$0.00	Morristown

Buttons: Done, Edit, New

**Superbills - (...) aaa, aaa (-5878)**

Dte of Bill	Time of Bill	Dte of Service	Total Charges	Total Paid	Location
04/28/11	08:58 AM	04/28/11	\$0.00	\$0.00	Morristown
04/19/11	12:50 PM	04/19/11	\$425.00	\$0.00	Morristown
04/01/11	09:12 AM	04/01/11	\$0.00	\$0.00	Morristown

Buttons: Done, Edit



**Cycle 18 - (...) aaa, aaa (-5878)    Cycle Id: <110063>**

General

Cycle Num:	<input type="text" value="18"/>	Stim Type:	<input type="text" value="No Analog"/>	Urologist:	<input type="text"/>
Status:	<input type="text" value="Post Surge"/>	Donor Type:	<input type="text"/>	Complication:	<input type="text" value="Mod Hyper"/>
Cycle Type:	<input type="text" value="RE"/>	Sperm Donor:	<input type="text" value="None"/>	Financial Status:	<input type="text" value="Uncleared"/>
Exclude:	<input type="checkbox"/>	Entered By:	<input type="text"/>	Start Cycle	<input type="checkbox"/> <input type="text" value="Compl"/>
<b>Cp</b>	<input type="checkbox"/>	Loc:	<input type="text" value="Morristown"/>	Requires Authorization	<input type="checkbox"/>
				Authorization Expires:	<input type="text"/>