



PRACTICE PERFECT^{BS[®]D}
 Successful Management & Consulting Services
 1050 E. Wardlow Rd., Long Beach, CA 90807
 Phone: (800) 598-6289 / Fax: (562) 437-1440

OFFICE FORMS

Dr.'s Name: _____
 Address: _____
 City/State/Zip: _____
 Phone (____) _____
 Date: _____

Check or Money Order: Payable to Practice Perfect
 Visa Master Card AMEX
 Credit Card # _____
 Expiration Date: _____
 Ordered by: _____ Signature: _____

FM#	CATEGORY	COST	QY.	FM #	CATEGORY	COST	QY.
PHYSICAL THERAPY FORMS				DISABILITY FORMS			
T-101	Recommended Treatment Plan	\$12.50		D-101	Disability Request	\$10.50	
T-102	Physician Evaluation Request	\$13.50		D-102	Disability Release	\$08.50	
T-103	Physical Therapy Prescription	\$10.50		PERSONAL INJURY FORMS			
T-104	Physical Therapy Par-Q Packet (3 pg.x100)	\$22.50		P-101	Medical Report	\$10.50	
T-105	Physical Therapy Billing Record	\$12.50		P-102	Notice of Doctor's Lien	\$10.50	
T-106	Necessity for Physical Therapy	\$13.50		P-103	Attorney Status Report	\$10.50	
OFFICE MANAGEMENT FORMS				P-104	Rescission of Attorney Assignments	\$12.50	
0-101	Sign-in Sheet	\$10.50		P-105	3 rd Party Medical Lien & Assignments	\$12.50	
0-102	Communication Log	\$10.50		P-106	Power of Attorney	\$10.50	
0-103*	DISCONTINUED -- Set (A-E)(50 ea. A-E)			WORKER'S COMPENSATION FORMS			
0-104	Financial Agreement A=Cash; B=HI; C=PI; D=WC; E=Medicare	\$10.50 each		W-101	Worker's Comp Authorization	\$10.50	
CHECK LIST				W-102	Attending Physicians Supplemental Reports	\$10.50	
0-105	Group Insurance	\$10.50		W-103	Final Report	\$10.50	
0-106	Personal Injury	\$10.50		W-104	Disability Evaluation	\$10.50	
0-107	Worker's Comp	\$10.50		W-105	Itemized Statement	\$10.50	
0-108	Medicare	\$10.50		W-106	Employee's Designation of pers. Chiro (CA only)	\$08.50	
0-109	Cash	\$10.50		W-107	Employee's Designation of pers. Physician (CA)	\$08.50	
0-110	Rescheduling Reminder	\$10.50		W-108	Health Questionnaire (4 part pkg)	\$24.00	
0-111	Call List	\$10.50		W-109	W/C Phone Verification	\$08.50	
0-112	Active Patients	\$10.50		HEALTH INSURANCE FORMS			
0-113	Office Statistics	\$11.50		H-101	Insurance Information	\$10.50	
0-114	Pay Control	\$11.50		H-102	Insurance Tracer	\$10.50	
0-115	Patient Payment Agreement	\$12.50		H-103	Assignment & Instruction for Direct Payment	\$11.50	
0-116	New Patient Referral List	\$10.50		H-104	Initial Report	\$10.50	
PATIENT HISTORY & EXAM FORMS				H-105	Progress Report	\$10.50	
E-101	Radiology Report	\$12.50		H-106	Patient Report	\$10.50	
E-102	Case History	\$13.50		H-107	Progress/Examination Report	\$10.50	
E-103	Patient History Update	\$10.50		H-108	Request for Claim Review	\$10.50	
E-104	Examination Report	\$12.50		MISCELLANEOUS FORMS			
E-105	SOAP Notes	\$12.50		ICD-9	ICD-9 Coding	\$10.50	
E-106	Patient Information	\$15.50					
E-107	Consent for Chiropractic Treatment	\$10.50					
E-108	Patient History	\$15.50			PDI Pamphlets (25 pamphlets)	\$10.45	

Make Checks Payable to Practice Perfect
 * S & H charge dependant on weight.
 ** There is a State Tax imposed on CA Shipments at a rate of 8.25% of the Sub-Total.
 All Office Forms come in packages of 100

Sub-Total: _____
 *S & H: _____
 **CA State Tax: _____
 TOTAL: _____

Prices are subject to change without prior notice.
 Orders will be processed and shipped as soon as possible.
 "We appreciate your business."