

Revision Date: 10/05/15
BILL ONLY FORM

JDH [] Surgery Center []

LM-10

PO #	Req #	Pt Name, Physician	D.O.S.
(Place Sticker Here)	Not in Computer	(Place Sticker Here)	Not in Computer
	Reorder		Reorder
	Bill Only		Bill Only
	\$		\$
(Place Sticker Here)	Not in Computer	(Place Sticker Here)	Not in Computer
	Reorder		Reorder
	Bill Only		Bill Only
	\$		\$
(Place Sticker Here)	Not in Computer	(Place Sticker Here)	Not in Computer
	Reorder		Reorder
	Bill Only		Bill Only
	\$		\$
(Place Sticker Here)	Not in Computer	(Place Sticker Here)	Not in Computer
	Reorder		Reorder
	Bill Only		Bill Only
	\$		\$
(Place Sticker Here)	Not in Computer	(Place Sticker Here)	Not in Computer
	Reorder		Reorder
	Bill Only		Bill Only
	\$		\$
(Place Sticker Here)	Not in Computer	(Place Sticker Here)	Not in Computer
	Reorder		Reorder
	Bill Only		Bill Only
	\$		\$
(Place Sticker Here)	Not in Computer	(Place Sticker Here)	Not in Computer
	Reorder		Reorder
	Bill Only		Bill Only
	\$		\$
(Place Sticker Here)	Not in Computer	(Place Sticker Here)	Not in Computer
	Reorder		Reorder
	Bill Only		Bill Only
	\$		\$
(Place Sticker Here)	Not in Computer	(Place Sticker Here)	Not in Computer
	Reorder		Reorder
	Bill Only		Bill Only
	\$		\$
PROCEDURE		Please Note: If there is line item billing, please include pricing per item. Also, this form must be	
CAP PRICING CODE			
Sales Rep Name (Print)			
		PO Total	\$
Sales Rep Signature		UCH Approval Signature	
Date		Date	