PRACTICE HOUR DOCUMENTATION FORM

Name (Please Print) _____

If you are selected for audit, you will need to provide documentation of your practice hours. Audit information includes the information below. If this information is not documented, information submitted must include a letter(s) from surgeons with whom you have assisted. Information in the letter must include dates, types of cases, and the approximate number of hours worked per month. You may make copies of this form if needed.

Date	Surgeon's Initials	Surgical Procedure	Pre-Op Time	Intra-Op Time	Post-Op Time
		PAGE TOTALS			
Each column on each page must be totaled and a grand total provided on the last page.		**GRAND TOTALS**			