

Custom Single-Sheet Forms in Only 5 Business Days!*

With the Briggs® easy and affordable **Custom-Quick** program you can professionally customize an existing form or create a new form to your exact specifications.

Briggs Custom Product Specialists can assist you in developing the perfect form for your facility, and because we print our forms in-house we can offer you an extremely competitive price and quick turn-around.

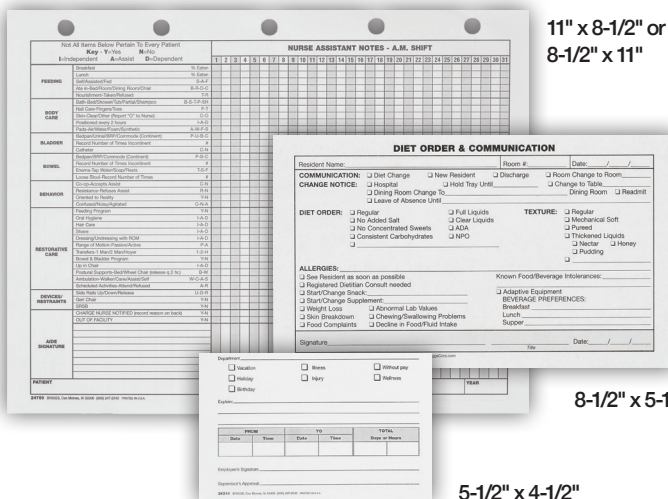
Custom-Quick Options include:

- A choice of three standard sizes: 8-1/2" x 11"; 8-1/2" x 5-1/2"; and 5-1/2" x 4-1/2" (see examples below)
- A choice of seven colors of paper (shown below)
- Punching available
- Printing on one or two sides, same or different
- A choice of horizontal or vertical orientation
- Pads or loose-leaf sheets
- Low minimum order quantity

Specifications:

- 20-lb. laser compatible bond paper
- Black ink

Choose from these three standard sizes:



Choose from the following seven paper colors:



Additional Custom Single-Sheet and Laser Compatible Forms

If Briggs Custom-Quick Program doesn't quite fit your needs, Briggs has many other options available including additional paper colors and weights; up to four standard ink colors; and punching, perforations and consecutive numbering. Call 800.247.2343 for details. Custom products are non-returnable and subject to 10% over or under runs.

*On initial or revised orders, please allow 10 business days before shipping in addition to proofing.

Artwork: There is a one-time only charge. If your form is extremely complex, an additional charge may be required. We will contact you prior to setting artwork.

Briggs reserves the right to require proofing on any form.

Need a quote? It's FREE!
Call 800.247.2343 to request one today!

Create Custom Multi-Part Forms Shipped in Only 7 Business Days!*

Save time and money by eliminating expensive machine copies with Briggs® custom multi-part forms—easy, affordable, professional and created to your exact specifications!

Briggs Custom Product Specialists can assist you in developing the perfect form for your facility, and because we print all of our forms in-house we can offer you an extremely competitive price and quick turn-around.

Options include:

- Choice between a 2- and 3-part set
- Three sizes to choose from: 8-1/2" x 11"; 8-1/2" x 5-1/2"; and 5-1/2" x 4-1/2"
- Glued edges on top or side
- Punching available

Specifications:

- Printed on standard, color-sequence carbonless paper (shown below)
- Printed in black ink only with black image transfer
- Forms printed one side, all parts same
- Minimum order quantity is 100 forms

2-part form colors



White Canary

3-part form colors



White Canary Pink

Most Commonly Customized Forms:

- ADL Flow Records
- Physician's Orders
- Progress Notes
- Assessments
- Care Plans
- Therapy Forms
- Monthly Summaries
- Nurses Notes
- Incident/Accident Reports
- Transfer/Discharge Forms
- Human Resource Forms

Additional Custom Unit Sets

Briggs can also produce custom multi-part and high-volume usage unit set forms tailored to fit your specific needs.

Choose up to eight parts for the Unit Sets in the paper colors and weights you want (call for options). Choose up to four standard ink colors, with printing on one or two sides, same or different. Briggs has many other options available including: punching, perforations, marginal wording (to identify distribution of each part) and consecutive numbering.

Call today at 800.247.2343, for details or to receive a FREE quote. Custom products are non-returnable and subject to 10% over or under runs.

*On initial or revised orders, please allow 10 business days before shipping in addition to proofing.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

Part A Part B Other

FORM APPROVED
OMB NO. 0938-0227

UPDATED PLAN OF TREATMENT FOR OUTPATIENT REHABILITATION (COMPLETE FOR Interim to Discharge CLAIMS)

1. PATIENT'S LAST NAME FIRST NAME M.I. 2. PROVIDER NO. 3. HCIN

4. PROVIDER NAME 5. MEDICAL RECORD NO. (Optional) 6. ONSET DATE 7. SOC. DATE

8. TYPE: PT OT SLP CR RT PS SN SW 9. PRIMARY DIAGNOSIS (Permit Medical D.X.) 10. TREATMENT DIAGNOSIS 11. VISITS FROM SOC.

12. Prog Duration (e.g., 3Wk., x 4 Wk.)

13. PLAN OF TREATMENT FUNCTIONAL GOALS (Short Term)

14. CERTIFICATION FROM THROUGH N/A

15. PHYSICIAN SIGNATURE 16. DATE 17. ON FILE (Print/Type physician's name)

18. REASONS FOR CONTINUING TREATMENT THIS BILLING PERIOD (Clarify goals and necessity for continued skilled care)

19. SIGNATURE (or name of professional, including prof. designation) 20. DATE 21. CONTINUE SERVICES OR DISCHARGE SERVICES

22. FUNCTIONAL LEVEL (at end of billing period - Relate your documentation to functional outcomes and list problems still present)

23. SERVICE DATES FROM THROUGH

12392 890025, Use Manual, 10/2008 (800) 247-2343 - PRINTED IN U.S.A.

Create the Perfect Fit!

1. You complete a rough draft of the desired form. Be sure to include quantity, paper and ink choices along with any additional options.
2. Mail, email customs@briggscorp.com, or fax your rough draft and complete order information to Briggs Customs Department, fax 1.800.222.1996.
3. Briggs will professionally type-set your form. A proof will be sent upon request or if Briggs feels it is necessary to ensure accuracy. Once your proof is approved, the form is printed within 10 business days.

Let's get started!

Complete the order form on Page 12.

Custom Forms Order Form



Mail, e-mail or fax your completed form and rough draft to:

Mail: Briggs Healthcare
ATTN: Customs Department
7855 University Blvd.
Des Moines, IA 50325

E-mail: Customs@BriggsCorp.com

Fax: 1.800.222.1996

Date _____

Account # _____

Purchase Order # _____

Billing Address

Company/Facility Name _____
Address _____
City _____ State _____ Zip _____
Attn _____
Phone _____ Fax _____
Contact _____
E-mail Address _____

Shipping Address (if different than billing address)

Company/Facility Name _____
Address _____
City _____ State _____ Zip _____
Attn _____
Phone _____ Fax _____
Contact _____
E-mail Address _____

Don't have an account with Briggs®?

Check here if you would like to open an account with Briggs. Fill out the above information or call your Briggs Healthcare Representative at 800.247.2343 today!

Is this a quote or an order? Quote Order

Print quantity: 500 1,000 Other _____

Proof desired? Yes No

Briggs reserves the right to require proofing on any form.

CUSTOM FORM SPECIFICATIONS:

Form Type Single-Sheet Form Laser Compatible Form Multi-Part Form
 2-Part 3-Part 4-Part

Form Size Please indicate your overall form size (in inches) including stub Width _____ Length _____

Paper Stock Single sheet standard paper weight is 20-lb bond
 White Canary Green Blue Pink Gold Buff Other _____

Prints Front side Front and back: _____ Head-to-head (HH) or _____ Head-to-foot (HF)

Ink Colors We can print up to a TOTAL of 4 ink colors on one side of your sheet. Back side printing is also available. Please indicate the colors you would like. Standard colors are Black, Red, Blue, Yellow, Orange, Green and Brown.
Front 1st color _____ 2nd color _____ 3rd color _____ 4th color _____
Back 1st color _____ 2nd color _____ 3rd color _____ 4th color _____

Punching Top Punch 2 hole 3 hole 5 hole Other _____
Side Punch 2 hole 3 hole 5 hole Other _____

Additional Options Please check additional options available:
 Additional Horizontal Perforation Additional Vertical Perforation Other (please specify) _____
 Consecutive Numbering – starting with number _____

Padding Would you like your forms padded? Yes No Other _____
Standard padding is at the top of the form, 100 sheets per pad.

Shrink Wrap Would you like your forms wrapped? Yes No Other _____
Standard packaging is 100 forms

PLEASE NOTE: Custom-manufactured merchandise may not be returned for reasons pertaining to errors in customer approved artwork or specifications. All custom orders are subject to 10% over or under runs.