

HEADER/FOOTER FORMAT FOR TRANSCRIBED REPORTS
VA Central Iowa Health Care System

Example Header:

Document Type.....	@@@\$: CONSULTS
Job Number.....	JOB NUMBER: 2411936
Title of Note....	TITLE: CIH/ENT CONSULTATION NOTE
Patient Name....	PATIENT NAME:
Patient SSN....	SSN:
Visit/event date....	VISIT/EVENT DATE: 07/11/14
Document author....	AUTHOR: PETERSON,IRVING EUGENE
Dictation date and time....	DATE/TIME OF DICTATION: 07/11/14@0834
Location....	LOCATION: D/ENT CLINIC
Expected cosigner...	EXPECTED COSIGNER:

Example Footer:

D: 07/11/14@0834
T: 07/14/14/ATS/4293780