



Tissue and Regulated medical Waste Log for NJ offices

Office name: Elkton Dr's name: Sheppard

Date: _____

S - W - J = B

Pt's name	Pt's ID	Wks of preg	Total sample weight	Tissue weight	Jar weight	Blood weight	Patho sent out
✓ Allyson TR	7-13-10	24.1	1261				
✓ JC	7-13-10	24	774				
✓ KH	7-16-10	23.1	687				
✓ DS	7-16-10	15.2	213				
✓ VO	7-16-10	17.2	433				
✓ TW	7-16-10	15.5	172				
✓ CF	7-16-10	21.6	1020				
• GV	7-21-10	28.3	1655				
✓ • JH	7-21-10	20.2	712				
✓ • MA	7-21-10	19	623				
✓ • MA	7-21-10	15	172				
✓ • MG	7-21-10	18	403				
✓ • LC	7-21-10	18	267				
✓ JB MA	7-21-10	16.1	282				
✓ KC	7-23-10	31.4	2413				
✓ EC	7-23-10	15	211				
✓ VH	7-23-10	22.1	701				
✓ VS	7-23-10	29	2143				
✓ SF	7-23-10	33	2446				
✓ ML	8-4-10	33	2491				
✓ CS	8-4-10	17.2	348				
✓ WB	8-4-10	18.4	252				
✓ MR	8-6-10	15.4	152				
✓ NM	8-6-10	19.4	345				

Only calculate Total blood weight =

Date: _____

$$S \quad - \quad W' \quad - \quad \parallel \quad = B$$
[illegible]

Only calculate Total blood weight =

Office Name: Elkton
Doctor: Sheppard
Date: June 23, 2010

Doctor:

Date: JUNE 23, 2010

[illegible]

RECOVERY ROOM LOG									
Office Name:	Elkton								
Doctor:	Sheppard								
								Date:	6/30/10

Doctor: Sheppard

Date: 6/30/10

[illegible]

Office Name: Elkton, MD

Doctor: Sheppard

Date: 7/2/10

Elkton, MD

Sheppard

7/2/10

Recovery Room Staff Initials

Office Name:

Doctor:

Date:

CHART #

PATIENT NAME

# of Weeks	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
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52	

PROCEDURE
TOP/LAM

LCL/TW1

Payment Type	Amount	Due Date
Monthly	\$100.00	10/15/2023
Quarterly	\$300.00	12/15/2023
Annual	\$1200.00	12/15/2023

Payment Amount

J. Y.

17.6

top

twid

self

995

S. A.

25.0

trp

two

sp/L

Gracy

L.S

19. ✓

708

twl

self

MC

20.5

Top

THL

Self

NS

23.4

Top

TWL

self

Recovery Room Staff Initials

Office Name:

Doctor:

Date:

7/13/10

[illegible]

Office Name:

Doctor:

Date:

[illegible]

RECOVERY ROOM LOG

Office Name:

Doctor:

Date:

CHART #

PATIENT NAME

of Weeks

PROCEDURE
TOP/LAM

LCL/TWIL

Payment Type

Payment Amount

G. V.

27.3

Tap

Tuul

Self

Arac

M. D.

15.0

Tap

Tuul

Self

795

M. G.

18.0

Tap

Tuul

Self

M. D.

19.0

Tap

Tuul

Self

1195

J. B.

16.1

Tap

Tuul

Self

825

J. H.

28.2

Tap

Tuul

Self

L. C.

18.0

Tap

Tuul

Self

Recovery Room Staff Initials

RECOVERY ROOM LOG

Office Name:

Elkton, MD

Doctor:

Sheppard

Date:

7/23/10

CHART #

PATIENT NAME

of Weeks

PROCEDURE
TOP/LAM

LCL/TWL

Payment Type

Payment Amount

✓ Grace

K [REDACTED] C

31

TOP

TWL

self

Grace

✓ V [REDACTED] H

22.1

TOP

TWL

self

\$2245

✓ E [REDACTED] C-S

15

TOP

TWL

self

Recovery Room Staff Initials

Office Name:

Doctor:

Date:

[illegible]

Recovery Room Staff Initials

Office Name: ELKTON

Date: 08/04/10

Recovery Room Staff Initials