









# Supplemental Provider Signature Run Sheet

Run Number \_\_\_\_\_

Date \_\_\_\_\_

 **ePCR**        

INCIDENT    PATIENT    VITALS    FLOW CHART    ASSESSMENT    NARRATIVE    SPECIALTY PATIENT    BILLING    **SIGNATURES**

Billing Authorization    ⇄

Controlled Substances    ⇄

Facility Signatures    ⇄

**Providers**    ⇄

Refusal    ⇄

Custom Forms    ⇄

**Provider Signatures**    ⇄

Provider

Provider Signature

Provider

Provider Signature

Provider