

DEPARTMENT OF KANSAS
VETERANS OF FOREIGN WARS

POST SURGEONS REPORT

DATE: _____
DISTRICT # _____

THIS REPORT FOR MONTH OF _____
POST # _____ TOWN _____

SECTION A : VISITS AND MATERIAL	# OF WORKERS	TOTAL HOURS	X \$36.14	TOTAL MILES	X \$ 0.14	COST OF MATERIAL	TOTAL CREDITS \$\$\$\$
BLOOD DONATIONS X \$150.00							
CARDS, FLOWERS AND MEMORIALS							
TOTALS FOR SECTION A							

SECTION B HOSPITAL EQUIPMENT	UNITS OWNED	UNITS LOANED OUT	BALANCE ON HAND	# OF WORKERS	MONTHLY VALUE	TOTAL CREDITS
HOSPITAL BED						
LIFT CHAIR						
ELECTRIC CART/ LITTLE RASCAL						
ELECTRIC WHEEL CHAIR						
WHEEL CHAIR WITH/WITHOUT FOOTREST						
COMMODOES/AND OR TABLES						
CRUTCHES AND/OR WALKERS						
BED PAN AND/OR CROWSFOOT CANE						
SHOWER CHAIR						
BLOOD PRESSURE CUFF						
MISCELLANEOUS						
MONTHLY PAPER WORK 1 HOUR						
TOTALS FOR SECTION B						

TOTALS FOR SECTION A AND SECTION B						
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FORM COMPLETED BY

AUTHORIZED BY

TITLE

TITLE

ADDITIONAL REMARK CONCERNING THIS PROJECT MAYBE INDICATED ON A SEPARATE SHEET

REFER TO HOSPITAL EVALUATION SHEET FOR UNIT VALUES, IF NOT LISTED, USE PURCHASE PRICE

FORWARD THIS REPORT TO DISTRICT SURGEON NLT THE 20TH OF EACH MONTH