DEPARTMENT OF KANSAS

VETERANS OF FOREIGN WARS

POST SURGEONS REPORT

DATE: _____ THIS REPORT FOR MONTH OF _____

DISTRICT # _____ POST # _____ TOWN _____

SECTION A : VISITS AND MATERIAL	# OF WORKERS	TOTAL HOURS	X $28.54	TOTAL MILES	X $ 0.14	COST OF MATERIAL	TOTAL CREDITS $$$$
BLOOD DONATIONS X $69.00							
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					$ 80.00	
LIFT CHAIR					$ 80.00	
ELECTRIC CART/ LITTLE RASCAL					$ 75.00	
ELECTRIC WHEEL CHAIR					$ 75.00	
WHEEL CHAIR WITH/WITHOUT FOOTREST					$ 45.00	
COMMODES/AND OR TABLES					$ 25.00	
CRUTHES AND/OR WALKERS					$ 20.00	
BED PAN AND/OR CROWSFOOT CANE					$ 15.00	
SHOWER CHAIR					$ 15.00	
BLOOD PRESSURE CUFF					$ 5.00	
MISCELLANEOUS					$ 3.00	
MONTHLY PAPER WORK 1 HOUR				1	$ 28.54	
TOTALS FOR SECTION B						

TOTALS FOR SECTION AAND SECTION B						

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 10TH OF EACH MONTH

REVISED 09/21/2022