Allstar Health Providers Inc.	**Allstar Health Providers, Inc.** 9521 Business Center Dr. Suite 9-101 Rancho Cucamonga, CA 91730 Tel: (909) 945-9899 Fax: (909) 945-9799	**ROUTE SHEET, PATIENT ACKNOWLEDGEMENT, AND STAFF CERTIFICATION OF SERVICES RENDERED**

NOTE: Due to confidentiality issues, use one route sheet for each patient. (No other patient name can be listed).

PATIENT ACKNOWLEDGEMENT OF SERVICE RENDERED

By my signature below, I hereby acknowledge that the services herein stated were received by me from the staff herein named, on the date and time indicated below. My signature below is true and authentic.

	Service Date	Time In	Time Out	Patient Name	Patient/PCG Signature	Type of Visit
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Staff Name:	**Title:**
Signature:	**Pay Period Ending:**