

Opportunity Medical Center

Account #	Admit Date	Admit Time	Reg Init	Brought By	Info Provided By	MR Number
		1430	EG	Wife	Patient	
Admitting Physician	Primary Care Phys.	Room #	Type	Service	Discharge Date	Discharge Time
John Bauer	John Bauer			Surg		
Patient Last Name	First	Middle	Former Name	Race	Rel Pref	
				C	do not	
Patient Address	Apt. No.	City	State	Zip Code	Patient Phone #	
294 W Filmore St		Sinclair	NJ	90376-9009		
Driver's License #	Age	Birth Date	Birthplace	Gender	MS	Occupation
N/A	67	05/07/39	Ohio	M	M	Teacher
Patient Employer	Employer Address	Employer Phone				
Retired May 2005						
Spouse Name	Spouse Address	City	State	Spouse Phone		
Elaine Ann	9030 W. 3 Ave	Peoria	Ohio	200-330-3333		
Emergency Contact	Relationship	Home Phone	Cell Phone	Work Phone		
Jean Sounders	daughter	102-202-2002	N/A	102-101-1001		
Admitting Diagnosis	Admit Type	ICD9	Admit Source			
MVA - diabetes	Surg		Clinic			
Primary Insurance Plan	Primary Policy #	Authorization #	Primary Policy Holder			
Medicare						
Insurance Plan #2	Secondary Policy #	Authorization #	Secondary Policy Holder			
Pacific Care						
Insurance Plan #3	Tertiary Policy #	Authorization #	Tertiary Policy Holder			
Guarantor Name	Rel to Pt	Mailing Address	Guarantor Phone			
Guarantor Occupation	Employer	Employer Address	Employer Phone			
Billing Remarks:						
Principal Diagnosis:	MVA	Code:	050			
Secondary Diagnosis:	Diabetes	Code:	268			
Operations and Procedures:	Physician	Date	Code			
Consulting Physician:						
Final Disposition: <input type="radio"/> Discharged <input type="radio"/> Transferred <input type="radio"/> Left AMA <input type="radio"/> Expired <input type="radio"/> Autopsy <input type="radio"/> Yes <input type="radio"/> No						
I certify that my identification of the principal and secondary diagnosis and the procedures performed is accurate to the best of my knowledge.						
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Attending Physician				Date		