

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
Accident? Date/Time	N/A					
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	