Opportunity Medical Center					
Account # Admit Date 03880 04/29/202	Admit Time Reg Init	Brought By	Info Provided By		MR Number 28611094
Admitting Physician	Primary Care Phys.			Service	Discharge
Bradley Mcdowell Rachel Williams		980	Type Service Surgery		Date Time
Patient Last Name First Middle		Former Name	Rac	e Rel Pref	Social Security #
Reeves Brian			AA yes		275-38-9492
Patient Address	. City	State	Zip Code	Patient Phone #	
57652 Simon Harbor A	South Moni	GA 30642		066-414-4313	
Driver's License # Age		place Gender	MS		ccident? Date/Time
Patient Employer Employer Address Employer Phone					
Munoz, Contreras and Cardenas 767 Michael Corner					267-639-9613
Spouse Name Spouse Address City State Spouse Phone					
Shannon Dawson	nannon Dawson 12969 Brad Locks Apt. 177 South Kimber WV				744.006.2057
Emergency Contact	Relationship	Home Pho	ne	Cell Phone	Work Phone
Steven Willis	Mother	559036485	<u></u> [5590360110	
Admitting Diagnosis				dmit Type ICD9	Admit Source
Gingivitis					
Primary Insurance Plan	Primary Policy #	Authorization	n# P	rimary Policy Hold	der
Southern Care 23-8632-3595					
Insurance Plan #2 Secondary Policy #		# Authorization # S		Secondary Policy Holder	
Eastern Care 945-3941				, , , , , , , ,	
				Tarking Delias Halden	
Insurance Plan #3	Tertiary Policy #	Authorization	<u> </u>	Tertiary Policy Holder	
Guarantor Name	Guarantor Name Rel to Pt Mailing Address				Guarantor Phone
Guarantor Occupation Employer Employer Address				Employer Phone	
Billing Remarks:					
Principal Diagnosis: Gingivitis					Code: 142067
Secondary Diagnosis:					Code:
Operations and Procedures: Physician					Date Code
Consulting Physician:					
Final Disposition: ODischarged Transferred Left AMA Expired Autopsy Yes No					
I certify that my identification of the principal and secondary diagnosis and the procedures performed is accurate to the best of my knowledge.					
Opportunity Medical Center					
Attending Physician Date					