

## Opportunity Medical Center

Account #	Admit Date	Admit Time	Reg Init	Brought By	Info Provided By	MR Number
84704	03/14/201	00:00	EG	Father	Mother	77879406
Admitting Physician	Primary Care Phys.	Room #	Type	Service	Discharge Date	Time
Douglas Estrada	Kathleen Perez	311		Surgery		
Patient Last Name	First	Middle	Former Name	Race	Rel Pref	Social Security #
Brown	Stephanie			AA	yes	350-77-5915
Patient Address	Apt. No.	City	State	Zip Code	Patient Phone #	
3154 Carter Isle Apt. 036		Kathleenm	MO	63018	(999)943-3249	
Driver's License #	Age	Birth Date	Birthplace	Gender	MS	Occupation
	11	11/25/20	MO	F	F	Scientist, big
Patient Employer	Employer Address	Employer Phone				
Ward Group	432 Carroll Loop	+1-487-950-398				
Spouse Name	Spouse Address	City	State	Spouse Phone		
Kari Burke	12680 Blackburn Locks Suite 906	Lake Christop	WV	801.574.1929		
Emergency Contact	Relationship	Home Phone	Cell Phone	Work Phone		
Sabrina Wiley	Brother	(503)418-9820	(503)418-0354			
Admitting Diagnosis	Admit Type	ICD9	Admit Source			
Leukemia	Surgery					
Primary Insurance Plan	Primary Policy #	Authorization #	Primary Policy Holder			
Eastern Care	04-7816-1405					
Insurance Plan #2	Secondary Policy #	Authorization #	Secondary Policy Holder			
Eastern Care	945-3941					
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: Leukemia						Code: 72807
Secondary Diagnosis:						Code:
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.						
Opportunity Medical Center				Attending Physician	Date	