Opportunity Medical Center					
Account # Admit Date   Admit Time Reg Init		ا ا ا		Provided By	MR Number
68907 09/14/201	00:00 EG	G Mother		ner	39954861
Admitting Physician Primary Care Phys.		Room #	Туре	Service	Discharge Date Time
Monica Miller Robert Meyer		017		Outpatient	
Patient Last Name	Former Name	Ra	ce Rel Pref	Social Security #	
Kidd Brandi		AA		yes	439-96-8298
Patient Address	. City State Zip Coo		e Zip Code	Patient Phone #	
1706 Christopher Strav	West Monic ND		58207	(300)192-2518	
Driver's License # Ag		place Gender	MS		ccident? Date/Time
92 09/07/193 ND F Advertising					
Patient Employer Employer Address					Employer Phone
Ross, Mendez and Johnson 07052 Taylor Knoll					(670)997-0958
Spouse Name Spouse Address City State Spouse Phone					
Valerie Owen	572 Avila Mountains North Timothy RI				233.888.1268
Emergency Contact	Relationship	Home Pho	ne	Cell Phone	Work Phone
John Krause (870)613-3072 (870)613-4148				(870)613-4148	
Admitting Diagnosis	Admit Type ICD9		Admit Source		
Retinal ischemia Outpatie					
Primary Insurance Plan		Authorization #		Primary Policy Holder	
Western Care 012-0871					
Insurance Plan #2 Secondary Policy		# Authorization #		Secondary Policy Holder	
Eastern Care 945-3941					
Insurance Plan #3	Tertiary Policy #	Authorization	# -	Tertiary Policy Holder	
	<b>□</b>  L				
Guarantor Name	Guarantor Name Rel to Pt Mailing Address				Guarantor Phone
Guarantor Occupation Employer Employer Address				ess	Employer Phone
Billing Remarks:					
Principal Diagnosis: Retinal ischemia Code: 9221					
Secondary Diagnosis:					Code:
Operations and Procedures: Physician					Date Code
Consulting Physician:					
Final Disposition: O Discharged O Transferred O Left AMA O Expired O Autopsy O Yes O 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					
Attending Physician Date					