

09:52 AM

https://hospitalER.co

ENTER PATIENT INFO

FIRST NAME

Steven

LAST NAME

Strange

AGE

33

Returning Patient

ENTER PATIENT ADDRESS

STREET

Q 2234 Main Street

CITY

Atlanta

STATE

GA

ZIP

30305

Have you experienced any of the following symptoms of COVID-19 within the last 48 hours?

☐ Fever Or Chills

☐ Cough

☐ Shortness of Breath or Difficulty Breathing

CHECK-IN

PATIENT INFO

TRIAGE INFO

OPERATION INFO

EMERGENCY CONTACT INFO

DELETE FORM

PATIENT INFORMATION FOR PATIENT # : XXXXX

FIRST NAME

Steven

LAST NAME

Strange

AGE

33

STREET ADDRESS

2234 Main Street

CITY

Atlanta

STATE

GA

ZIP

30305

PHYSICIAN'S NOTES

This patient has consistent high BP,  
Previous Surgery in late 2018

UPDATE

Q

W

E

R

T

Y

U

I

O

P

<x

A

S

D

F

G

H

J

K

L

return

↑

Z

X

C

V

B

N

M

!

?

↑

.?123

🌐

🎤

.?123

📄



## Interactive Surgery Board

DRG CODES  
OFFICE NUMBERS  
NURSES  
DOCTORS

10/28/2022

ALL OF THE SPECIFICS FOR  
WHAT EACH DRG CODE  
MEANS CAN BE SELECTED  
HERE.