

PIMS

Patient Discharge Report

Patient Name:	Date Admitted:		ted:	
PRESCRIPTION NAM	IE DESCRIPTION	I SCHEDIJI E	DDESCRI	PTION AMOUNT
PRESCRIPTION NAME	IE PRESCRIPTION	PRESCRIPTION SCHEDULE PRESC		TION AMOUNT
DATES OF SERVICE	DESCF	RIPTION		AMOUNT
INSURANCE CARRIER	POLICY ACCOUNT #	POLICY GRO	UP# I	NSURANCE PAID
			_	
	ı	Please Pay This A	mount:	