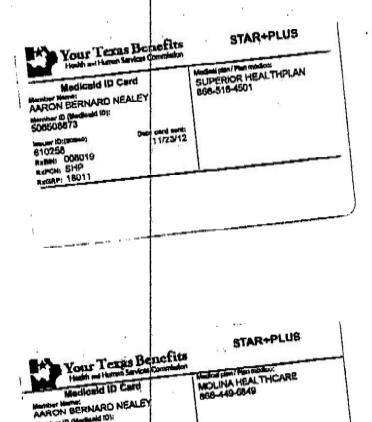
## WE CARE ADULT DAY CENTER

## ADMISSION INFORMATION SHEET

PATIENT: Ggron Nesky	DATE: 7/1/16
/	
Address: 3434 <u>) 1690</u> Telephone: 972-225-/222	
Telephone: <u> </u>	
Social Security No. 465-75-030	
Medicare No	
Medicaid Number: 506 508 613	de de de la companya
Date of Birth: 10   25   1985	
	,
Diagnosis: Schoophania	
Allergies:	
PHYSICIAN Dr. Sumana Kothe M.O.	
Address: 2925 strucy Cic North Ir	75038
Telephone: 979 - 675-75/3	
Fax Number: 972-675-73/0	_
	-
PHARMACY:	
Address:	1 1 1
Telephone:	
HOSPITAL PREFRENCE: Pancland	2
EMERGENCY CONTACT PERSON/S:	
	•
Name: Shander R	Relationship
Address:	
Telephone: (Home) (214) 859-2897	Work
Name: Verunica P	Relationship
Address:	
Telephone: (Home) 972- 225- /222	Work
7	



08/20/12

Marrhay ID (Marrhanid 10): 506508673

HORING IDTERMENTS
6107.58
ANGERT DOS4336
ANTON ADV
ANGERT RX0826