

INPATIENT ADMISSION FACE SHEET
Kindred Hospital Dallas
9525 Greenville Ave., Dallas, TX 75243-4116

Med Rec #: DU00026341	Admit Date: 07/02/2018	Time: 2:56 PM	Acct #: DU0002219269
Serv/Loc:	Room & Bed: DU.111-A	Accom: Semi-Private	Fin Class: Medicare PPS
Pt. Status: ADM IN	Admit Source: 4 TRANSFER FROM A HOSPITAL		Disch Date:

*** PATIENT INFORMATION ***

Patient: BOATRIGHT, ROBERT	Birthdate: 12/14/1941	Age: 76 Sex: Male
Address: 3805 DOUGLAS, GARLAND, Texas 75041	Marital St: S SINGLE	SS#: XXX-XX-6007
	Religion:	Race: CAUCASIAN
	Mdn Name:	
Phone #: (972) 840-0406	Language: English	

*** PHYSICIAN INFORMATION ***

Primary Care:	Phone #:
Admitting: PAREKH, SOHAIL	Phone #: (972) 329-3500
Attending/ER: PAREKH, SOHAIL	Phone #: (972) 329-3500
Family:	Phone #:
Other:	Phone #:
Referring: RAHRA, RAHIMI RAFIQUDDIN S	Phone #: (773) 527-9692

*** EMPLOYMENT INFORMATION ***

Employer:	Occupation:
Address:	Emp Phone #

*** CONTACT INFORMATION ***

Next of Kin: BOATRIGHT, SAM	Notify Person: BOATRIGHT, SAM
NOK Address: 3805 DOUGLAS, GARLAND, TX 75041	Notify Address: 3805 DOUGLAS, GARLAND, TX 75041
Phone #: H (214) 708-6955 W	Phone #: H (214) 708-6955 W
Relationship: 43 Child/Not Financially Resp	Relationship: 43 CHILD/NOT FINANCIALLY RESP

*** GUARANTOR INFORMATION ***

Guar Name: BOATRIGHT, ROBERT	Guar Employer:
Guar Address: 3805 DOUGLAS, GARLAND, TX 75041	Guar Emp Phone #:
	Relationship: 18 SELF
	Guarantor SS# XXX-XX-6007
Guar Phone #: (972) 840-0406	

INSURANCE	POLICY #	AUTH #	SUBSCRIBER
1 MEDICARE PART A B P.O. BOX 1602, OMAHA, NE 68101 (402) 351-5895	462566007A		BOATRIGHT, ROBERT
2 BANKERS LIFE MSG PO BOX 1935, CARMEN, IN 46082 (800) 773-4760	Coverage # 209092687		
3	Coverage #		
	Coverage #		

Diagnosis

① Chronic Nonhealing Foot infected wound with underlying calcaneal osteomyelitis

② Acute or chronic Systolic CHF

BOATRIGHT, ROBERT

Adm Clerk: CLARKC28

REASON FOR VISIT:
ADMIT DIAGNOSIS: M86.169
REMARKS: WOUND - MDCR

Patient: BOATRIGHT, ROBERT
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Current Form Version: 01.01

③ Uncontrolled DM ④ Scrotal edema
⑤ Groin Fungal Dermatitis