Your
Hospital's
Logo
Here

8850093 Rev. 09/04

DISCHARGE NOTICE

Discharge Notice_UNKNOWN

Your
Hospital's
Logo
Here

DISCHARGE NOTICE

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Here DATE:	Here DATE:
Imprint Plate:	Imprint Plate:
Nursing Unit - Please Check the Appropriate Box:	Nursing Unit - Please Check the Appropriate Box:
 Discharge to home / self care Discharge to other acute care facility Transferred to skilled nursing facility Transferred to intermediate care facility Transferred to another type facility Discharge to home health Left against medical advise (AMA) Expired 	 Discharge to home / self care Discharge to other acute care facility Transferred to skilled nursing facility Transferred to intermediate care facility Transferred to another type facility Discharge to home health Left against medical advise (AMA) Expired
Time of Discharge(use military time)	Time of Discharge(use military time)
Nursing Unit Representative	Nursing Unit Representative
SIGNATURE	SIGNATURE
This patient has cleared the Finance Office	This patient has cleared the Finance Office
Patient Account Representative	Patient Account Representative
SIGNATURE	SIGNATURE
WHITE - Cashier YELLOW - Floor PINK - Admitting GOLD - Information Desk	WHITE - Cashier YELLOW - Floor PINK - Admitting GOLD - Information Desk

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