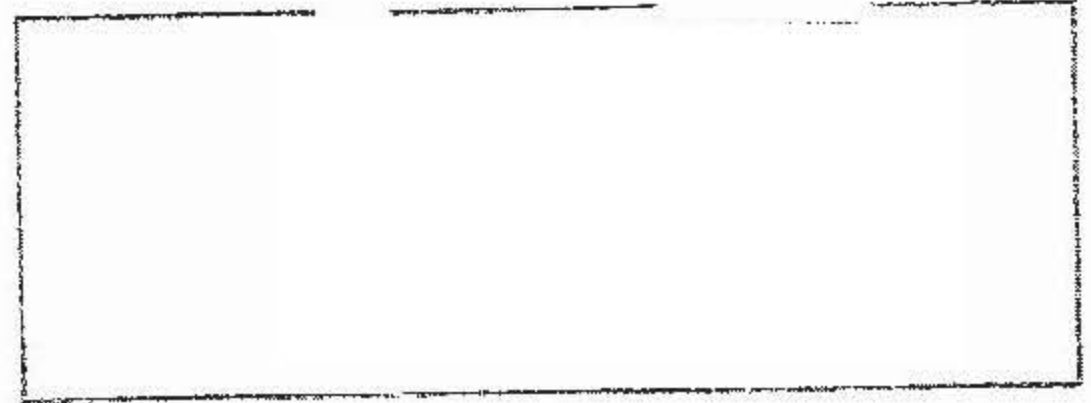


HOSPITAL
ADMISSION NOTE / CONSULTATION



Name: _____
Print Name of Provider

ADMISSION NOTE CONSULTATION

Service: _____ Date: _____ Time (24hr): _____ Pg _____ of _____

Lined area for writing the admission note or consultation.

PAS# _____ SIGNATURE: _____ BEEPER # _____