

HEALTH CARE SYSTEMS FACE SHEET



Name: ALEXIS A CARRINGTON **Medical Record #:** 2005
Admission Date: 09/01/2004 **Hour:** 16 **Source:** Hospital **Readmission?**
Orig. Admission Date: 09/01/2004 **Primary Language:** **Level of Care:** 1 **Record #:** 2005
DOB: 07/12/1916 **Marital Status:** W **Age:** 94 **Gender:** F **Race:** White **HT:** 5'00" **WT:** 158
SSN: 555-88-9999 **Medicare #:** 555889999A **Medicaid #:** 123456789999 **Pay Type:** Medicare
Last Known Address: 123 RODEO DRIVE, INDIANAPOLIS, IN 46551

Emergency Contact #1:

Name: HENRY CARRINGTON
Address: 3434 SOGGY TRAIL LANE
City: INDIANAPOLIS **State:** IN **Zip:** 46228
Phone: (317) 955-5656 **Phone #2:** (317) 955-5566
Relationship: BROTHER

Emergency Contact #2:

Name: CECILE CARRINGTON
Address: 2323 HUNTER CROSSING, SUITE 202
City: INDIANAPOLIS **State:** IN **Zip:** 46115
Phone: (812) 465-5778 **Phone #2:** (812) 465-5788
Relationship: SISTER IN LAW

Billing Contact:

Name: HENRY CARRINGTON
Address: 3434 SOGGY TRAIL LANE
City: INDIANAPOLIS **State:** IN **Zip:** 46228
Phone: (317) 955-5656 **Phone #2:** (317) 955-5566
Relationship: BROTHER

Insurance Company Information:

Name:
Address: 123 INSURANCE BLVD, SUITE B
City: INDIANAPOLIS **State:** IN **Zip:** 46225
Phone: (317) 555-4646
Policy #: 12345 **Group #:** 23456

Physician (Admitting): -	Physician (Attending): -
Preferred Ambulance: ALL TRANSPORT SERVIC	Preferred Mortuary: MARKLAND FUNERAL HM-(812) 438-3111
Preferred Pharmacy: WALMART PHARMACY	Religion/PO Worship: FAITH APOSTOLIC CHUR-(317) 888-5555/Apos+
Preferred Podiatrist: <input type="text"/>	Preferred Dentist: <input type="text"/>
Preferred Hospital: COMMUNITY HOSPITAL E	Preferred Eye Doctor: <input type="text"/>
Qualifying Dates: 06/06/2005 - 06/10/2005	Previous LTC Stay: SOMEPLACE ELSE NURSING HOME

Additional Info:

Diagnoses: CHF NOS

Code Status: **Allergies:** DNR, SULFA, PENICILLIN, VICODIN, TAPE

Name: ALEXIS A CARRINGTON **Room/Bed:** 208 **A:** A **Nur. Station:** 1 **Record #:** 2005