

MRSA:

PLANO SURGICAL HOSPITAL

2301 Marsh Lane • Plano, Texas 75093

Telephone Number: (972) 820-2600

ADV DIR:

VRE:

ADMIT BY:

PATIENT INFORMATION										
ACCOUNT NUMBER	ADMISSION DATE & TIME			FINANCIAL CLASS	ROOM / BED		HSV	DISCHARGE DATE		MEDICAL RECORD NUMBER
PATIENT NAME (LAST)		(FIRST)	(INITIAL)	BIRTHDATE	AGE	RACE	SEX	MS	MAIDEN/PREV NAME	RELIGION
PATIENT ADDRESS							SOCIAL SECURITY NUMBER		COUNTY	
EMPLOYER (Name, Address)									OCCUPATION	
EMAIL ADDRESS										
ACCIDENT DATE	ACCIDENT HOUR	ACCIDENT STATE CODE	ACCIDENT DESCRIPTION						PATIENT TELEPHONE NUMBER	
CONTACT INFORMATION										
CONTACT ONE (Name, Telephone Number, Work Telephone Number, Relationship)										
CONTACT TWO (Name, Telephone Number, Work Telephone Number, Relationship)										
GUARANTOR INFORMATION										
GUARANTOR NAME (Name, Address)										
GUARANTOR TELEPHONE NUMBER			RELATIONSHIP TO PATIENT							
GUARANTOR EMPLOYER (Name, Address)									TELEPHONE NUMBER	
INSURANCE INFORMATION										
PRIMARY INSURANCE			ADDRESS						TELEPHONE NUMBER	
INSURED'S NAME		DOB	PAT REL	POLICY #			GROUP NAME		GROUP NUMBER	
SECONDARY INSURANCE			ADDRESS						TELEPHONE NUMBER	
INSURED'S NAME		DOB	PAT REL	POLICY #			GROUP NAME		GROUP NUMBER	
TERTIARY INSURANCE			ADDRESS						TELEPHONE NUMBER	
INSURED'S NAME		DOB	PAT REL	POLICY #			GROUP NAME		GROUP NUMBER	
PHYSICIAN INFORMATION										
ADMITTING PHYSICIAN				ATTENDING PHYSICIAN				FAMILY PHYSICIAN		
ADMITTING DIAGNOSIS										
COMMENTS										