SUMMIT MEDICAL CENTER
1800 South Renaissance Blvd
Edmond, OK 73013
(405) 359-2400

PATIENT INFORMATION

Patient #	Admit #	Admit Date	Admit Time	Room/Bed	Patient Type	FC	Legal Status

Patient Name (Last, First, Int)	Birthdate	Age	Sex	MS	Race	SS#
						- -

Patient Address	City	State	Zip	Tele#
				- -

Patients Occupation	Employer Name	Employer Phone#
		- -

Notify in Emergency/Relationship	Emergency Phone#
	- - or - -

Next of Kin/Relationship	Next of Kin Phone#
	- -

Referral Source	Admitting MD	Attending MD	Last Hosp IP Discharge

GUARANTOR INFORMATION

Guarantor Name (Last, First, Int)	SS#	Birthdate	Sex
	- -		

Guarantor Address	City	State	Zip	Phone#
				- -

Guarantors Occupation	Employer Name	Employer Phone#
		- -

	PRIMARY	SECONDARY	TERTIARY
FC/PAYOR CODE	/	/	/
PAYOR NAME			
INSURANCE ADDRESS			
INSURED			
CERT-SSN-HIC-ID NO.			
GROUP#			
TREATMENT AUTH #			

ADMITTING DIAGNOSIS DESCRIPTION	TAR NUMBER

Comments: _____

_____

_____

_____

Clerks Initials: _____

Discharge Date: _____ Attending MD _____