Date: _____

Name: _____ Age: _____ BD: _____ Sex: _____

Phone: _____ Smoker: ☐ Yes ☐ No

Admitting Diagnosis: _____

_____

_____ NPO STATUS: _____

Surgical Procedure: _____

_____

_____

Doctor: _____ Type of Anesthesia : _____

Date to be Admitted: _____

P OP OP PKG Date of Surgery: _____

_____

Signature: ✓ _____

_____

HAVASU REGIONAL MEDICAL CENTER
[illegible] Civic Center Lane
Lake Havasu City, Arizona 86403

PATIENT ADMITTING FORM

622