COM	MENTS	1		OMB # 092	5-0414 Exp:4/06		
COM	WIEN 13				Affix label here-		
To be	completed by Physician A	Adjudicator:	7	To be complete	d by Outcomes	Specialist:	
Date C	Completed:	(N	M/D/Y) S	Staff person:			
Adjudi	cator Code:		Д	Adjudication Ca	se No.:		
Hospit	lete a separate form for talization information is mes Coordinator.	-	e only. Items	1 through 4 to	be completed	l by	
Но	spital						
	ospital/Facility Name:						
	۸ ما ما سه م م .						
	0	L.		04-4-	7:- Oada		
	Cit	T.Y		State	Zip Code		
Ad	mission Date:			(M/D/Y)			
Discharge Date/Date of Death:				(M/D/Y)			
Pa	tient's Hospital ID:						
ICI	D-9-CM Discharge Diagr	nosis Codes:					
1.							
	1	5.	9		13. 🖳	<b>└</b> . <b>└</b> . <b>└</b>	
	2.	6.	10		14. 🖳	<b></b>	
	3.	7.				<b></b>	
	4	8. <b></b> .		 		 	
		. —			10.		
ICI	D-9-CM Procedure Code	es:					
2.	<ol> <li>Record all ICD-9-CM procedure codes in the order they are listed on the hospital face sheet, phy attestation sheet or other documentation listing procedure codes. If there are more procedure co than space available, record on a separate page and append to this form.</li> </ol>						
	1	5	9	1;	3. —— . —	_	
	2	6	10	1 <sub>4</sub>	4. ————————————————————————————————————	_	
	3	7	11	1 <u>!</u>	5. <b></b>	_	
	4	8	12		6. <b></b> . <b></b>	_	
	-	-			- ·		

Ver. 2.3

OMB # 0925-0414 Exp:4/06

3.1.	Discharge diagnoses recorded below?  1	<del></del> 0	1 Yes	
		9		
	2	10	· · · · · · · · · · · · · · · · · · ·	
	3	11		
	4	12		
	5			
	6	14		
	7	15		
	8	16		
adur	ras.			
the h	nospital face sheet or other sources. If there			
4.1.	Procedures recorded below?	$\prod_0$ No	Tage 1 Yes	
	1	9		
	2	10		
	3	11		
	4	12		
	5	13		
	6	14		
	7	15		
	8	16		
- h	annulated by Dhysisian Adjudicatory			
o be c	completed by Physician Adjudicator:			
		iated with this ho	ospitalization that the participant	did not
	No			
	Yes — Complete appropriate outco	mes forms		
	Tes — Complete appropriate suites			
	If the the h separate 4.1.	7	7	7