HARDIN COUNTY GENERAL HOSPITAL & CLINIC

Rosiclare, IL 62982

DEPARTMENTAL DELAY IN SERVICE REPORT

DEPARTMENT:_____ DATE:_____

PATIENT NAME:_____ MR #:_____

ATTENDING PHYSICIAN:_____

There was a delay in services on the above patient on _____ due to _____

_____

_____

_____

Please explain what possibly caused this delay and the actions (if any) taken to prevent this from happening in the future:

_____

_____

_____

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_____

Signature of person filling out report:_____

Please return this completed form to the Risk Management/Utilization Review Department.
Thank-you.