



ACCOUNT NO. 7402800157	ADMISSION DATE/TIME 02/13/94 23:03	BY NH	STATION/ROOM ICU 309-A	ACC. E	SERVICE TRA	TYPE I/P	AT Y	AS 7	ES SP	UNIT NO. 000540500
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SEX M	RC S	MS S	BIRTHDATE 01/01/74 20Y	SOC. SEC. NO.	DEN.	A.D.	O.D.	ACC. WK. REL. NO	NATURE OF ACC.
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PATIENT NAME AND ADDRESS
WARREN, RICK
 1530 EAST COMER AVENUE
 BUCYRUS OH 44820

PATIENT EMPLOYER

GUARANTOR NAME AND ADDRESS
WARREN, RICK
 1530 EAST COMER AVENUE
 BUCYRUS OH 44820

GUARANTOR EMPLOYER

RELATIVE 1
WARREN, FAM
 [REDACTED] MOTHER

RELATIVE 1 EMPLOYER

INSURANCE 1

INSURANCE 2

INSURANCE 3

INSURANCE 4

DIAGNOSIS/COMPLAINT
 959.8-INJURY MLT SITE/SITE NEC

ATTENDING PHYSICIAN
FALCONE, ROBERT E

ARRIVAL MODE

COMMENT

ADMITTING PHYSICIAN
FALCONE, ROBERT E

PREV. ADMIT DATE

Trauma Registry

PATIENT REGISTRATION



a U.S. Health affiliate

Patient Access Services
 Columbus, Ohio

0-0589 6/93

000540500 02/22/94

WARREN, RICK

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