



Southern
California
Renal
Disease
Council
INCORPORATED

Correction to Patient Events

Provider # _____

Facility Name: _____

	Last Name	First Name	SSN	DOB	Should Patient Be on Census? (Please Check)		Specify Reason <i>If YES: New Patient, Transfer In, Restart. If NO: Transfer out, Discontinue, Transplanted, Regained Function, Lost to Follow up, Death. *If patient is NOT a patient at your facility, please specify.</i>	As of What Date? <i>*Please remember, should reflect as of 06/30/2011</i>
					Yes	No		
1								
2								
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6								
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9								
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11								
12								
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14								

RETURN to Network 18 by August 22, 2011
Fax: 323-962-0127