Prisoner Hospital Admission Form

Facility:_____ Today's Date:_____

This form must be submitted to the Department of Corrections, Anchorage Central Office the day of Emergency Room visit and/or admission to the hospital, and daily while hospitalized.

Name of Patient:
Date of Birth: OTIS #:
Admitting Hospital:
Admitting Physician (if Known):
Reason for ER Evaluation/Hospital Admission:
Date and Time of Admission
Date and Time of Hospital Release:

Please submit this form daily while inmate remains in hospital.

DATE	CURRENT STATUS