



GREATER LANSING

UNSCANNED DATA FORM

This document described below is filed in its original format in the Medical Record Department.

Please contact Medical Records if you would like to review this document. Please note, the document must be reviewed in the Medical Record Department.

Ultrasound

CDs (External)

Other, please specify _____

**MEDICAL RECORD STAFF –
PRINT information below clearly**

Last Name:

First Name:

DOB:

FIN#:

Admission Date:

Prepper's Initials:

UNSCANNED DATA FORM

Original goes to chart

Copy to be filed with CD or unscanned paperwork



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