McLaren
GREATER LANSING

DATE: _____ / _____ / _____

Birthing Center Patient Log

Charges	Arrival Time	Medical Screening Exam Time	Time of Registration Delay	Name	Reason for Visit/Complaint	Room Number	Discharge Time or Admit	Transfer: S = Sparrow O = Other MGL Floor # AMA LWOBS	Date of Birth	Family Doctor/None	OB Doctor and Group	Estimated Gestational Age

TRANS = where and time

LWOBS = left prior to Medical Screening

AMA = left against Medical Advice