

<b>Deficiency Slip</b>			
<b>Patient Name:</b>	<input type="text"/>	<b>Patient Number:</b>	<input type="text"/>
		<b>Admission Date:</b>	<input type="text"/>
<b>NAME OF REPORT</b>	<b>Dr<sup>1</sup>:</b> <input type="text"/>	<b>Dr<sup>2</sup>:</b> <input type="text"/>	<b>Dr<sup>3</sup>:</b> <input type="text"/>
<b>Inpatient Face Sheet</b>	Sign      No Abbreviations Complete _____		
<b>Discharge Summary</b>	Dictate      Sign		
<b>History &amp; Physical</b>	Dictate      Sign		
<b>Consultation Report</b>		Dictate      Sign	Dictate      Sign
<b>Admission Progress Note</b>	Document      Date      Sign		
<b>Daily Progress Notes</b>	Document      Date      Sign	Document      Date      Sign	Document      Date      Sign
<b>Discharge Progress Note</b>	Document      Date      Sign		
<b>Physician Orders</b>	Document      Date      Sign	Document      Date      Sign	Document      Date      Sign
<b>Discharge Order</b>	Document      Date      Sign		
<b>Anesthesia Report</b>		Document      Sign	Document      Sign
<b>Preanesthesia Evaluation</b>		Document      Sign	Document      Sign
<b>Postanesthesia Evaluation</b>		Document      Sign	Document      Sign
<b>Operative Report</b>	Dictate      Sign	Dictate      Sign	Dictate      Sign
<b>Pathology Report</b>		Dictate      Sign	Dictate      Sign
<b>Recovery Room Record</b>		Document      Sign	Document      Sign
<b>Radiology Report</b>		Document      Sign	Document      Sign
<b>Other:</b> _____	Document      Dictate	Document      Dictate	Document      Dictate
_____	Date      Sign	Date      Sign	Date      Sign

**Figure 5-1 Deficiency Form (also located at companion Web site)**