



Facility Name: \_\_\_\_\_

Chart # \_\_\_\_\_

Deficiency Slip

Volume 000001

Doctor #:

Doctor Name:

Deficiency Color:

Patient Name

Birth Date

Admit Date

Discharge Date

Admit Time

Discharge Time

Encounter #:

Deficiency Name  
Deficiency Code

Deficiency Name  
Deficiency Code

Deficiency Name  
Deficiency Code

Deficiencies: 3

Entered By:

Start Date:

Sample of system generated report