Attachment L

OMB No. 0920-0278 Form NHAMCS-103 National Hospital Ambulatory Medical Care Survey 2006 Panel: Patient Visit Log

On the burden notice:

- The expiration date of 5/31/2007 will be updated upon receipt of OMB approval
- The mailstop address will be changed from MS E-11 to MS D-74

NOTE: No items were modified, added, or deleted.

Sheet

of

_sheets

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Burden associated with this form is small and is counted as part of the burden associated with completion of the patient record form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS E-11, Atlanta GA 30333, ATTN: PRA (0920-0278).

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

FORM NHAMCS-103

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration
U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR THE NATIONAL CENTER FOR HEALTH STATISTICS
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3. Random Start Number

CENTERS FOR DISEASE CONTROL
AND PREVENTION **PATIENT VISIT LOG NATIONAL HOSPITAL AMBULATORY**

NOTE – Hospital is to retain log after completion of study. This log is for optional use. Put a check mark (u) in column (f) "Sample" next to

			Sample		
Line No.	Date of visit	Patient name	Patient record/ identification number	Remarks	Mark (🗸) for patient(: selected for sample of visits.
(a)	(b)	(c)	(d)	(e)	(f)
			4		
		2			
				9	
			\$ II		
		1			
	-				
		-			