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Outpatient Procedure Component Monthly Denominators for Same Day Outcome Measures

*required for saving					
Facility ID:	*Month/Year:/				
Same Day Outcome Meas	ures				
*Total number of encounter	s (admissions) for the m	nonth:			
Custom Fields					
Label		Label			
	//				
	//				
Comments					
Assurance of Confidentiality: T	he voluntarily provided inform	ation obtained in this surveillan	ce system that w	ould permit identification	of any
individual or institution is collected otherwise be disclosed or released	with a guarantee that it will be	e held in strict confidence, will b	be used only for the	he purposes stated, and	will not
Public Health Service Act (42 USC		,		•	. ,
Public reporting burden of this coll					
instructions, searching existing dainformation. An agency may not c					
currently valid OMB control number including suggestions for reducing	er. Send comments regarding	this burden estimate or any otl	her aspect of this	collection of information	,