

UHB Written Tally (General)

This list is to ensure that all patients seen during short call and night float do not fall off the list and are appropriately signed out.
Beginning with short call and ending with night float, please fill out the boxes appropriately below.

Date: _____		
General Service		
Patient Last Name	MRN	Pending Attending Evaluation? (Y/N)*

***Yes if staying in the hospital**

***No if send out**