County of Los Angeles   Department of Health Services

Harbor-UCLA Medical Center
TELEGRAMS

PLEASE COMPLETE THE FOLLOWING ITEMS: PATIENT'S NAME, MEDICAL RECORDS UNIT NUMBER (MRUN), ADDRESS AND ZIP CODE ALONG WITH THE MESSAGE. A TELEGRAM WILL NOT BE SENT WITHOUT THE MRUN AND ZIP CODE.

MRUN: _____ - _____ - _____

PATIENT NAME: _____

HOME ADDRESS: _____

_____
CITY   STATE   ZIP CODE

MESSAGE:

ORIGINATING DEPARTMENT: _____

ORIGINATING DR/RN: _____

_____ / _____
BEEPER   EXTENSION

IF THE TELEGRAM IS RETURNED TO THE HOSPITAL (UNDELIVERABLE): THE TELEGRAM WILL BE PLACED IN THE MEDICAL RECORD FOR FUTURE REFERENCE. THE VITAL STATISTICS STAFF WILL NOTIFY THE ORIGINATING PERSON THAT THE TELEGRAM WAS RETURNED TO HOSPITAL UNDELIVERED.

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