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CHECK IF SUBMITTING, LEAVE BLANK IF N/A

D1	MSG		D29	MSE		D71	PCD	
D2	PED		D30	EKG		D73	PSG	
D3	PSY		D31	CAC		D74	ITH	
D4	OBS		D32	RAD		D75	GTH	
D5	DEF		D33	CAT		D76	FTH	
D6	MIS		D34	RAT		D77	PST	
D7	CCU		D35	NUC		D78	PSE	
D8	PIC		D36	RES		D79	OPT	
D9	NEO		D37	PUL		D80	ETH	
D10	BUR		D38	EEG		D81	ATH	
D11	PSI		D39	PTH		E1	AMB	
D12	TRM		D40	OTH		E2	PAR	
D13	ONC		D41	STH		E3	DPO	
D14	NUC		D42	REC		E4	OOR	
D15	PRE		D43	AUD		E5	REO	
D16	ECF		D44	OPM		E6	PTE	
D17	CRH		D45	RDL		E7	CAF	
D18	EMG		D46	OA		E8	DEB	
D19	CL		D47	AOR		E9	HOU	
D19A	CLP		D48	LEU		F1	REG	
D20	PDC		D49	HYP		F2	RNS	
D21	AMS		D50	FSE		F3	OHE	
D22	SDS		D51	MRI		F4	CHE	
D23	DEL		D52	///				
D24	OR		D53	LIT				
D25	ANS		D54	RHB				
D26	MSS		D55	///				
D27	CDS		D56	AMR				
D28	LAB		D70	PAD				

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I HEREBY CERTIFY THAT I HAVE REVIEWED THIS LIST OF ANNUAL REPORT SCHEDULES AND AM SUBMITTING ALL SCHEDULES APPLICABLE TO \_\_\_\_\_ HOSPITAL.

SIGNATURE;

TITLE:

DATE: