Center Number:	
Birth Year:	

VERMONT OXFORD NETWORK PATIENT LOG

PATIENT LOGS INCLUDE PROTECTED HEALTH CARE INFORMATION FOR YOUR INTERNAL USE ONLY DO NOT SUBMIT THIS PATIENT LOG TO VERMONT OXFORD NETWORK

Patient Name	Medical Record Number	DR	(Inborn/	If Outborn, Date of Admission	If Outborn, Name of Center from Which Infant Transferred	If Outborn, Transfer Code of Center from which Infant Transferred	Initial Disposition (Home, Transferred, Died, Still Hospitalized at First Birthday)	Date of Initial Disposition