

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Acceptance of Recommendation for Admission Form - Word Search

C L J C M S G Q D S S E N E T E L P M O C V K R  
L R Y G R E G V S D E P M A T S E T A D B W S C  
I E P D E R C Y G I M T W R J F G F C Y M Y M P  
N T R F A U Q O N B Z E T O Z F F U H A S P E C  
I T E W D D U V I Y L E G I B I L I T Y Y L T T  
C E A L Y E Y K K X Q X Y H M J G S S B Z Y I S  
A L D K F C R G O J J F B K G L X Q X H P O T I  
L A M D O O O S O Y P J T G Z F S E D Q U Z E L  
P F I N R R C G B Z S J C Q R N C C R C N S S E  
R R S O C P Q N E R G V C H W J F Y Y A K R A C  
I E S T A L X I T E Y U P K S W B X W G B F T N  
O T I R R A H K A F V E M R L R C I P K N A A E  
R E O E E R O O C E J Q Q V M H E V W W E A D R  
I L N A X E M O I R Z I M D E G A T S B W O M E  
T P C D E T Y B L R G H J J Z K R K D D P Y U F  
Y M L Y L A D E P I R A Z F W C P C D R R L M E  
C O I F N L E L U N C I Y S O R Q I H T O K I R  
A C N O U I F P D G O O G N M T R A U U C B N T  
T N I R M B E I P D T O S F Q H Q U U T E Q I Q  
E I C C Q R R T W O U E F E C F Z X O H D D M N  
G W M A N U R L I C N N S M A W K V V V U U Y U  
O V V R Z N E U N T O K F P C D C L V V R R Z R  
R P S E K N D M M O W X Q U S O O L V Y E Z X J  
Y A C C U R A C Y R C T V M V L P Y B Q S A X F

Clinical Priority Category  
Bilateral Procedures  
Reference List CPC  
Referring Doctor  
Date Stamped  
Deferred  
Staged

Minimum Data Set Items  
Preadmission Clinic  
Not Ready for Care  
New Procedures  
Completeness  
Accuracy  
RFA

Incomplete RFA Letter  
Duplicate Bookings  
Multiple Bookings  
Ready for Care  
Legibility  
Consent