

Name: _____ Date: _____

Patient Admissions Word Scramble

1. RSENCIAUN CRAD _____
2. AHIAP _____
3. RCGYEMNEE ORMO _____
4. EITNRIGSTOAR _____
5. NONTECS ORFM _____
6. RCRIESBSBU _____
7. ARATGONUR _____
8. NXET FO IKN _____
9. IPTENATNI _____
10. TNVSOBRAOIE _____
11. BLEASL _____
12. ESEFCAEHT _____

Word Bank

HIPAA

facesheet

Consent form

inpatient

Subscriber

observation

labels

next of kin

Guarantor

registration

insurance card

emergency room