[FACILITY NAME] Inpatient Psychiatric Facility Interrupted Stay Log

Patient Name	MR#	Date of Original Admit	Date of Discharge From This or Another IPF	Date of Readmit	Final Discharge Date	Accounts Merged and Dates of Interrupt Placed on UB04 (yes/no)
		00/00/00	00/00/00	00/00/00	00/00/00	