SUBJECT: **BED AVAILABILITY REPORT** REFERENCE NO. 1122.1

Hospital Name: _____

	BED AVAILABILITY	# Available Immediately
1	Medical/Surgical	
2	Telemetry	
3	Adult ICU	
4	Pediatric ICU	
5	Neonatal ICU	
6	Pediatric Bed	
7	Obstetrics/Gynecology	
8	Trauma	
9	Burn	
10	Negative Pressure/Isolation	
11	Psychiatric	
12	Operating Room	
13	Other (please define)	
14	Ventilator	
15	Mass Decontamination Available	Yes or No

Report completed by: _____
NAME

_____
PHONE NUMBER

_____
DATE

FAX COMPLETED FORM TO THE MEDICAL ALERT CENTER
AT (562) 906-4300
WITHIN 60 MINUTES OF REQUEST