ATTACHMENT VI

DATE	TIME	PROGRESS NOTES

Patient transfer acknowledged by:

_____
NAME (PRINT)

_____ _____
Signature Date/Time

Patient Transfer Record
GUAM MEMORIAL HOSPITAL AUTHORITY
Reviewed/Revised: NM 11/15; MEC 11/15; EMC 12/15 Approved HIMC 05/16
Form # 2016.006

Patient ID