**ARIZONA DEPARTMENT OF CORRECTIONS**
**INPATIENT CENSUS REPORT**

**CONTRACTOR NAME: _____**

**Arizona State Prison Complex Name: _____ Report Date: _____ Date Submitted: _____**

*Please provide following information on each inmate admitted to an internal inpatient component.*

| Inmate ADC Number | Inmate Name | Sending Unit | Admission Date | Discharge Date | Primary Diagnosis | Comment | Care Level | Bed # |
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