

BED OR SERVICE REQUEST

Date

This form is intended to identify the types of beds or services requested for health facilities. For new facilities, complete the column marked "Requested Beds." For existing facilities, complete both columns. The form is to accompany the application form (HS 200) for any new facility, change in capacity, service, facility type, or bed classification.

Name of facility	Type		
Address (number, street)	City	State	ZIP code

Please insert number:

EXISTING BEDS

- Acute Respiratory
- *Burn
- Coronary Care
- General Nursing (Long-term)
- Intensive Care
- *Intensive Care (Newborn)
- Intermediate Care
- Medical—Surgical
- Mental (Long-term)
- Pediatrics
- Perinatal
- *Psychiatric
- Rehabilitation
- Other (specify): _____
- _____
- _____

APPROVED CAPACITY

REQUESTED BEDS

- Acute Respiratory
- *Burn
- Coronary Care
- General Nursing (Long-term)
- Intensive Care
- *Intensive Care (Newborn)
- Intermediate Care
- Medical—Surgical
- Mental (Long-term)
- Pediatrics
- Perinatal
- *Psychiatric
- Rehabilitation
- Other (specify): _____
- _____
- _____

APPROVED CAPACITY

Please check services:

EXISTING SERVICES

- *Basic Emergency
- *Cardiovascular Surgery
- *Chronic Dialysis Unit
- *Comprehensive Emergency
- Dental
- Nuclear Medicine
- Occupational Therapy
- Outpatient Service
- Physical Therapy
- Podiatric Service
- *Radiation Therapy
- *Renal Transplant Center
- *Respiratory Care
- Social Service
- Speech Pathology/Audio
- Standby Emergency
- Clinic Only:
 - Abortion Service
 - Birthing Service
 - Psychology
- Other (specify): _____
- _____
- _____

REQUESTED SERVICES

- *Basic Emergency
- *Cardiovascular Surgery
- *Chronic Dialysis Unit
- *Comprehensive Emergency
- Dental
- Nuclear Medicine
- Occupational Therapy
- Outpatient Service
- Physical Therapy
- Podiatric Service
- *Radiation Therapy
- *Renal Transplant Center
- *Respiratory Care
- Social Service
- Speech Pathology/Audio
- Standby Emergency
- Clinic Only:
 - Abortion Service
 - Birthing Service
 - Optometric
 - Psychology
- Other (specify): _____
- _____
- _____

*Special Permit Services