

# SAMPLE ENTRY

## **PETERSBURG<sup>1</sup>**

*Saint Dymphna Memorial Hospital<sup>2</sup>*

(Sisters of Mercy Health Services)<sup>3</sup>

P.O. Box 122678<sup>4</sup>

325 Crater Rd.

Petersburg, VA 23834-2678

Web site: [www.stdymphna.org](http://www.stdymphna.org)<sup>5</sup>

E-mail: [info@stdymphna.org](mailto:info@stdymphna.org)<sup>6</sup>

Facility Type: P<sup>7</sup> Beds: 374<sup>8</sup>

Ownership: R<sup>9</sup>

Admin: Sister Mary Bernadette – C.A.O.<sup>10</sup>

**804-555-1234<sup>11</sup>**

**Fax: 804-555-1235<sup>12</sup>**

1. City heading where hospital is located
2. Hospital Name
3. Parent company or primary health care system affiliation
4. Address – Where applicable, a mailing address will appear before the corresponding street address, and the zip code listed applies to the mailing address
5. Web site address for obtaining general information about the hospital
6. General information and correspondence e-mail address for the hospital
7. Type of Facility:
  - (A) Alcohol and Substance Abuse Treatment Center
  - (C) Children's Hospital
  - (G) General Medical and Surgical Hospital
  - (P) Psychiatric and Behavioral Hospitals
  - (R) Rehabilitation and Chronic Disease Hospital
  - (S) Specialty Hospital
  - (O) Other
8. Number of staffed inpatient beds at the facility
9. Type of Ownership:
  - (G) Government (City, County, State or Federal)
  - (N) Non-Profit
  - (F) For Profit
  - (R) Religious
10. Name and title of Administrator or Director of the facility
11. Phone number of the facility
12. Administrative office fax number of the facility