



0136

PHYSICIAN ORDER TO ADMIT

Department/Clinic Name:		Department/Clinic Extension:
Location of Service: <input type="checkbox"/> LLUMC <input type="checkbox"/> LLUCH <input type="checkbox"/> LLUECH <input type="checkbox"/> LLUHS <input type="checkbox"/> OPSC		Anticipated Admit Date:
Primary Diagnosis:	Secondary Diagnosis:	
Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Outpatient Observation		
Reason for Admission:		
Level of Care (<i>in-patient only</i>): <input type="checkbox"/> Acute <input type="checkbox"/> Intermediate <input type="checkbox"/> Intensive/Critical Care		
Plan of Care: <input type="checkbox"/> IV medication therapy <input type="checkbox"/> Other:		
Isolation: <input type="checkbox"/> No <input type="checkbox"/> Yes	Reason: <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> Rule-out tuberculosis <input type="checkbox"/> Clostridium difficile <input type="checkbox"/> Unknown	
Comments:		

Referring physician: I am referring this patient for admission as noted above and the patient has been accepted by verbal order for admission by Dr. _____ Pager# _____

Physician Signature: _____ Date: _____ Time: _____

Admitting Physician Signature: _____ Date: _____ Time: _____



LOMA LINDA UNIVERSITY MEDICAL CENTER
 LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL
 LOMA LINDA UNIVERSITY EAST CAMPUS HOSPITAL
 LOMA LINDA UNIVERSITY HEALTH CARE
 LOMA LINDA UNIVERSITY HEART & SURGICAL HOSPITAL
PHYSICIAN ORDER TO ADMIT

PATIENT IDENTIFICATION