



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Office: \_\_\_\_\_

In order to expedite our patient(s) admission process, please use this checklist as a guideline for the admission process. Check-off each item as it is completed.

- Physician orders (include diagnosis, status, condition and allergies)
- Copy of office labs and / or x-ray reports
- Copy of physical findings / exam
- Admission folder given to patient
- Insurance / Medicaid precert number

Thank you for your cooperation and assistance. Please sign your name below, including your office phone number, in case Registration or Bed Placement needs to contact you.

Signature: \_\_\_\_\_ Office Phone #: \_\_\_\_\_



