Jefferson Regional

Order Received:
Date: _____ **Time:** _____

DIRECT ADMISSION ORDERS

Call Bed Coordinator for bed assignment: 870-541-4085

PATIENT INFORMATION			PHYSICIAN INFORMATION		
Last Name:	**M**	**F**	**Admitting Physician:**		
First Name:	**MI:**		**Phone Number:**	**Fax Number:**	**NPI Number:**
Birthdate:	**PVT** **SEMI**		**[ ] Admit Inpatient** **[ ] Observation** **If Pvt:** **[ ] Medically Justified** **[ ] Not Medically Justified** **[ ] Only Room Available**	**Unit:** _____ **Bed#:** _____ **Choose One:** **Front Admissions ED Admissions**	

DIAGNOSES:
1) _____ **2)** _____ **3)** _____

CONSULTANT (S): _____

ALLERGIES: _____ **[ ] NKDA**
Medication Intolerances: _____

Is the patient **ER**, **Med/Surg** or **ICU** _____
If Med/Surg, is the patient **Inpatient** _____ **Observation** _____

Comments:

_____
_____
_____
_____
_____
_____
_____

Arriving From: _____

Referring Physician: _____ **Contact Number:** _____

Account Number: _____ **MR #:** _____

Bed Assignment Date: _____ **Time:** _____

Jefferson Regional

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Date: _____ **Time:** _____

Bed Placement Nurse Signature: _____