

Date: _____ Patient: _____ DOS: _____

On the date in question, this patient presented to the hospital with:

Cardiac:

- Chest Pain
- Abnormal EKG
- Elevated cardiac enzymes
- Other - _____

Neurology:

- Decreased Level of Consciousness
- Facial Drooping/Slurred Speech
- Paralysis/Hemiplegia
- Other - _____

Nephrology:

- Renal Failure
- Other - _____

Other:

- Symptoms - _____
- _____

Trauma:

- Head Injury
- Amputation of _____
- Other - _____

Transplant Services:

- Organ Transplant
- Evaluation/pre-transplant workup

I believe it was in the best interest of this patient to be transferred to the receiving facility for:

- Heart Cath
- CABG
- In house Dialysis
- Neurological Evaluation & treatment
- Vascular Services (i.e. reattachment of severed limb)
- Other - _____

This is not a service performed at this facility. I ordered the transfer to this specific facility because to my knowledge this is the closest facility capable of providing the level of care this patient requires that is also willing to accept this patient. It is my opinion that this patient was transferred to the closest, most appropriate facility.

Signature of ordering physician/PA/ARNP

Printed Name of above physician/PA/ARNP: _____