

PHYSICIAN ORDER & CERTIFICATION FORM

Admitting / Attending Physician: _____

Admitting diagnosis: _____

Admit to: Acute Inpatient Services
 This is an **Inpatient Only (surgical/invasive) Procedure** (Medicare Inpatient Only List)

Place in: Observation Services (typically less than 24 hours)
 Outpatient Services (i.e.: Outpatient in a Bed)

Medical/Surgical Telemetry ICU ED Observation Unit Other: _____

ED Order: Per Admitting/Attending Physician as checked/indicated above

ED Physician Signature: _____ Date: _____ Time: _____

COMPLETE BELOW ONLY FOR INPATIENT ADMISSIONS & RECERTIFICATIONS (20 DAY LOS)

Physician - Consider expectation of 2-midnight stay for inpatient admission
Completion of this certification is not required for **Inpatient Only Procedures**

Physician Certification: I certify that based upon my medical judgment and the patient's condition, as documented in the medical record, that such services are required to be given on an inpatient basis for the patient's medical treatment and/or that inpatient diagnostic studies are medically required and will be provided in accordance with CMS 412.3. **CHECK BOX IF THIS IS A RECERTIFICATION (20 DAYS):**

Date any/all service initiated (IP, ED, OPS, OP, etc): _____

Expected length of stay (LOS) (in days): 1 day 2 days 3 days 4 days 5 days 6 days >7 days

Reason Inpatient admission needed: Intensive/physician monitoring Extended nursing care
 IV Fluids/Meds Invasive/diagnostic studies Other: _____

Intensive/physician monitoring

Likelihood of an adverse outcome if not hospitalized: Sepsis Bleeding Arrhythmia Necrosis of Affected Area

Extension of Acute Condition High Risk of Mortality Other: _____


Expected discharge plan: Home Home Health / DME SNF Rehab LTAC Hospice
 Other: _____

PHYSICIAN SIGNATURE

Physician Signature: _____ Date: _____ Time: _____
(Admitting/Attending)

T.O./RB: _____ Date: _____ Time: _____

	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

 ORMC Odessa Regional Medical Center 520 East 6th Street Odessa, Texas 79761 (432) 582-8000	DOB	Age	Sex	HT	WT	RM-BD	PT	Svc	FC
	Allergies:								
	Attending Physician Name:								