

ED Referral From Physician Office

Practice Name: _____ Physician: _____

Practice Phone Number: _____

Patient Name: _____ DOB: ____/____/____

You are being sent to the Emergency Department for an evaluation and possible testing. The Emergency Department Physician will evaluate your condition and determine the need for any possible lab or diagnostic testing.

Suspected Diagnosis: _____

Vital Signs: _____

Pertinent Exam Findings: _____

Would you consider ordering: _____

If adult admission is required, we admit to: _____

If pediatric admission is required, we admit to: _____

Please call Dr. _____ for any questions or follow-up.



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D-24-93 (04-05-10)

