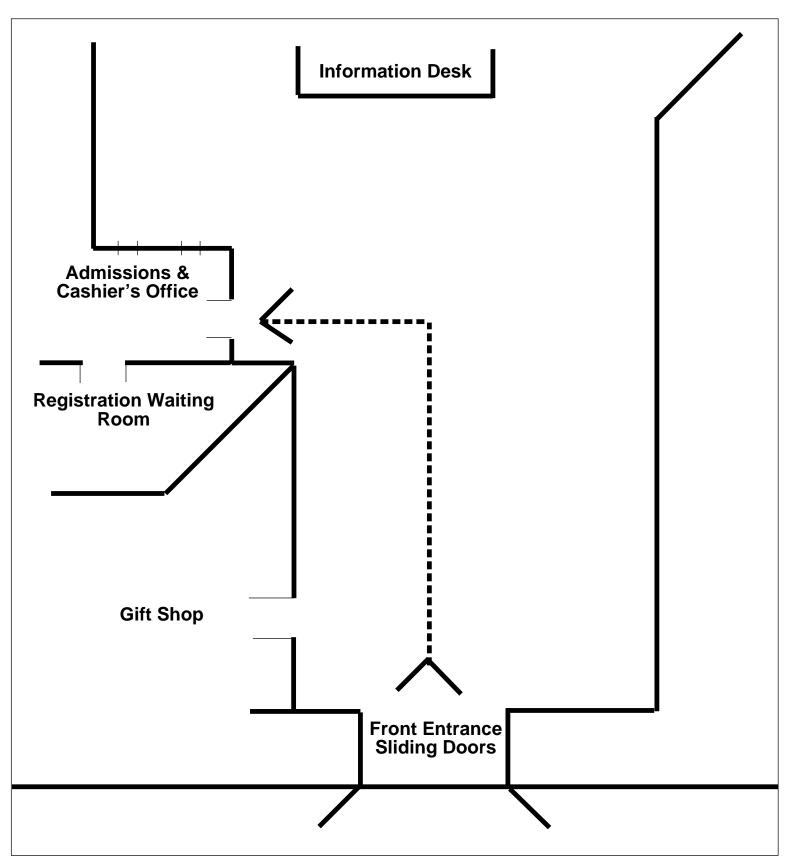


## **ADMISSION CHECKLIST**



Patient Name:	Date:
Physician Office:	
In order to expedite our patie admission process. Check-c	ent(s) admission process, please use this checklist as a guideline for the off each item as it is completed.
☐ Physician orders (i	include diagnosis, status, condition and allergies)
☐ Copy of office labs	s and / or x-ray reports
☐ Copy of physical fire	ndings / exam
☐ Admission folder g	given to patient
☐ Insurance / Medica	aid precert number
Thank you for your cooperat number, in case Registration	tion and assistance. Please sign your name below, including your office phone n or Bed Placement needs to contact you.
Signature:	Office Phone #:

## DIRECTIONS TO CRMC ADMISSION OFFICE AND SERVICES



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