

DOCTORS COMMUNITY HOSPITAL SURGICAL AM ADMIT CONFIRMATION

You have scheduled the following patient for surgery at DCH with the request to have the patient admitted. For compliance reasons, we are required to have a signed confirmation of the AM Admit order. Please review the information below and if any changes need to be made to your case contact Surgical Posting at 301-552-0400. If all information is correct, please sign and fax this form to 301-552-8528 at least 48 business hours prior to date of surgery.

Surgeon: _____ Surgery Date: _____

Pt's Name: _____ Pt's DOB: _____

Diagnosis:

Procedure:

Patient Admit Type: **AM INPATIENT ADMISSION**

Surgeons Signature	ID#	Surgeon Name Printed	Date/Time
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