



Physician Order and Certification

PO Box 4860 * Ocala, FL 34478 * 352-873-7415

Patient Name: _____

Date of Birth: ____/____/____ SS#: _____-_____-_____

Physician Orders

Physician order for Hospice of Marion County, Inc. intervention

**“Asterisk” items are standing orders and will be activated when physician signs below. Draw a single line through asterisk(s), plus sentence line(s) and initial if physician doesn’t want standing order(s).

“Boxed” items must be marked below to be ordered by the physician.

- ** Hospice RN to do consult.
- ** Hospice RN assessment if applicable.
- ** Hospice to admit patient to hospice if applicable.
- Discharge patient when hospice arrangements are made.
- Contact physician for discharge orders.
- Contact physician if hospice not applicable.

Hospice Certification

Hospice Benefit period ____/____/____ to ____/____/____

Check the appropriate boxes

- Admit to Hospice Services.
- I will remain the attending physician.
- I will not be the attending physician and request Hospice Medical Director(s) to serve as attending physician.
- Allow formulary therapeutic equivalent substitution for symptom management
- May initiate Standing Orders
- May place the following kits in home (RN will call for orders prior to use)
 - General Hospice Heartbeats Seizure Inspirations

***Please fax medical records for proof of diagnosis and continuity of care to (352) 873-7445**

Diagnosis: _____

This patient is considered terminally ill and has a life expectancy of 6 months or less, if the terminal illness runs its normal course.

Brief Narrative Statement: (Review the individual’s clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services.)

Physician Print Name	Physician Signature	____/____/____	____:
		Date	Time

Hospice Medical Director Print Name	Hospice Medical Director Signature	____/____/____	____:
		Date	Time

Attestation: I confirm that this narrative is based on my review of the patient’s medical record and/or examination of the patient.

Please fax to Admissions (352) 873-7445 or phone (352) 873-7415