



# 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.)

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Physician Print Name	Physician Signature	____/____/____	____:____
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Hospice Medical Director Print Name	Hospice Medical Director Signature	____/____/____	____:____
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**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**