

Forms Provided To Next Level Of Care Provider /Prescriber



Patient: BLAYK, BONZE ANNE ROSE
A00088571823 M000597460
05/01/1956 62 F
Ehmke, Clifford BSU 202-01

To: _____

To: Tompkins County mental Health

To: _____

- Admitting H&P
- Physician Admission Note
- Psychological Testing
- Consults: _____
- Discharge Note
- Discharge Summary (to include recommendations for next level of care provider & indications/dosages for medications)
- Discharge Instructions

Other documents: home medication list, labs

Transmission of record via:

U.S. Mail: Address: _____

Email

Fax: # 274-6224

Receiving Provider has EMR Access

Ambulance Transport Personnel

Hand Delivered to Provider/Prescriber

Transmitted by: Kelly Gray

Date/Time: 10/16/18 @ 0900