

McLaren Flint
PRE-ADMISSION STATUS ORDER SHEET-PATIENT TYPE

Patient Name: _____ DOB: _____ Date of Surgery: _____

Based on the anticipated surgery and expected post-operative length of stay, the appropriate patient type for the patient is:

- Inpatient (Total length of stay expected is 2 Midnights or greater)
- Ambulatory with Extended Recovery (Overnight Stay)
- Ambulatory (Anticipate discharge from PACU)

Physician Signature

Date and Time

CMS inpatient only procedures:

I am in agreement with the inpatient admission status for procedures I have performed in the inpatient setting that are consistent with CMS guidelines for inpatient only procedures.

Physician Signature

Date and Time

