DOCTOR PLEASE NOTE

DATE:_

<u>Attending or Consulting Physician:</u> Please sign (authenticate) the Inpatient Status Order <u>before</u> the patient discharges

Verified IP Order Authenticated

If questions, contact the UM Department via pager #810-389-0451

DOCTOR PLEASE NOTE

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DOCTOR PLEASE NOTE

ATE:_____



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If questions, contact the UM Department via pager #810-389-0451

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DOCTOR PLEASE NOTE



Attending or Consulting Physician: Please sign (authenticate) the Inpatient Status Order before the patient discharges

Verified IP Order Authenticated

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M-34637



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M-34637