



ADMISSION REQUEST FOR CARE PLAN AND TREATMENT - PATIENT FROM HOME OR OFFICE

PHYSICIAN

PATIENT

Contact Admissions at each site by dialing:
Oakland Regional Hospital 248-423-5106

Provide Patient with Direct Admit Instructions and
Map to hospital. Available at:

www.oaklandregionalhospital.com

Provide Patient Demographics

- Name
- Date of Birth
- Gender
- Phone Number / Alternate Number
- Special Needs or equipment

Patient Should Bring:

- Insurance Card(s)
- Identification
- List of or Actual Current home medications

Provide Insurance Information

- Primary / Secondary
- Primary Care Physician information
- Authorization if applicable

There is no charge for:

- Parking
- Local phone calls
- Cable television

Provide Admitting Diagnosis and Needed Information

- Diagnosis including co-morbidities
- Admitting Physician
- Clinical Data: Labs, Vitals, Treatments, Plan of Care
- Bed Type
 - Observation or Full Admission
 - General Medical/Surgical
 - Telemetry / Isolation

Provide Complete and Fax **Signed** Observation / Admission
orders to:

Oakland Regional Hospital 248-423-5195

Unstable patients should be sent immediately to the nearest Emergency Room