



Contact:  
Transfer Center (559) 459-5555  
Fax (559) 459-6048  
Hours: 24/7

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Community Regional Medical Center

**TRANSFER CENTER**

Direct Admission Information Needed

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To submit the direct admission information below:

**Call (559) 459-5555**

Please also fax a copy of the insurance card and admission orders to (559) 459-6048.

Patient name: \_\_\_\_\_ Age: \_\_\_\_\_

MR# (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Calling physician's name: \_\_\_\_\_  
(First) (Last)

Office contact information: \_\_\_\_\_  
(Phone)

Admitting MD/Service: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Admitted from (MDs office, home, etc.): \_\_\_\_\_

Type of bed needed:

- |                                    |                                       |                                       |
|------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Med/Surg  | <input type="checkbox"/> ICU/CVU/Burn | <input type="checkbox"/> Ortho        |
| <input type="checkbox"/> Telemetry | <input type="checkbox"/> Pediatrics   | <input type="checkbox"/> OB/GYN       |
| <input type="checkbox"/> Stepdown  | <input type="checkbox"/> Oncology     | <input type="checkbox"/> Neuroscience |

Isolation needed:  Yes  No