

Patient Name _____

DOB _____

Franklin Memorial Hospital. Farmington, Maine 207-778-6031

Transfer Order Form

1) The signature of a physician/PA/NP must accompany each order set. 2) Authorization is hereby given to dispense a generically or therapeutically equivalent drug established under the hospital's formulary system 3) A physician /PA/NP must sign all telephone/verbal orders within 48 hours. The signature must be dated and timed. 4) The transferring EMS professionals will adhere to MEMS treatment protocols unless otherwise ordered on this transfer form

Allergies _____ [] NKDA

Weight _____ LB or KG

Primary Diagnosis _____

Receiving Facility _____

Code Status _____

Receiving Physician _____

Pre-transfer vitals BP _____ P _____ R _____

Skill Level Needed (check all that apply)

BASIC

[] IV solution _____ @ _____ (clear fluid nothing added)

[] Oxygen @ _____ LPM

PARAMEDIC

[] IV solution _____ @ _____

[] Oxygen @ _____ LPM

[] Cardiac Monitor

[] Specialized Equipment

[] Patient Specific Medication Orders (include dosages)

Time

Provider Signature

Date