

NAME: **FROM (Unit):**

DATE: **TO (Unit) :**

DOCUMENTS NEEDED FOR TRANSFER OF VETERAN TO NON VHA & DOD HOSPITAL

[] Advance Directives/MOST (DC) (PRINTED & PLACED IN PACKET)

[] Consent To Transfer (PRINTED & PLACED IN PACKET/IMED CONSENT-CPRS)

[] Beneficiary Travel Note (COMPLETED IN CPRS)

[] Physician Interfacility Transfer Note (COMPLETED IN CPRS)

[] Nursing Interfacility Transfer Note (COMPLETED IN CPRS)

[] Care In The Community Care Note-CITC (COMPLETED IN CPRS)

[] Imaging (DISCS IN PACKET)

[] Discharge Summary (PRINTED & PLACED IN PACKET)

[] 72 Hour MD Notes (PRINTED & PLACED IN PACKET)

[] 72 Hour Nursing Notes, Vitals (PRINTED & PLACED IN PACKET)

[] 72 Hour Labs-COVID & Flu Results (PRINTED & PLACED IN PACKET)

Comments: _____

PLEASE DO NOT USE FOR TRANSFER TO THE FOLLOWING:

- Long Term Care Facility
- Community Living Center (CLC)
- Home
- Sub-Acute/Acute Rehab
- Assisted Living Facility

RE-ORDER # _____