HARBOR-UCLA MEDICAL CENTER Inpatient Transfer Accept Form

Completed form to be submitted to Bed Control, room 1M-2M, after Patient Flow (pager 310-501-0939) is notified of accepted transfer

Patient's Name:														
Transferring Hospital:														
Patient's DOB:														
Accepting Service:														
Attending Physician:														
Transfer Diagnosis:														
Level of Care Required:		☐ PCU/SDU	☐ Tele	□ Ward										
Pager to Notify upon Patient's Arrival to Bed:														

Provide	r Pr	inte	d La	st Na	ame):													
Provider Signature								ID:											
Date:			_			_					Tin	Time:			:			•	
RN Prin	ted	Last	Nar	ne:															
RN Sigr	RN Signature:																		
Date:			_			_					Tim	ne:			:				
Clerk/L	VN S	Signa	ature	e:															
Date:			_			_					Tin	ne:			:				



