

Patient Name: _____

| | |
|--------------------------------------|---------------|
| INPATIENT ADMISSION - Date / Time: | _____ / _____ |
| CODE 44 IDENTIFIED - Date / Time: | _____ / _____ |
| ADMITTING MD NOTIFIED - Date / Time: | _____ / _____ |
| OBSV ORDER WRITTEN - Date / Time: | _____ / _____ |
| MCR LETTER DELIVERED - Date / Time: | _____ / _____ |
| UR MD REVIEW COMPLETE - Date / Time: | _____ / _____ |

UR CRITERIA NOTES: _____

Admitting Physician Signature Date / Time

UR Physician Signature #1 Date / Time

UR Physician Signature #2 Date / Time

| | |
|--|-------------|
| Utilization Review Signature | Date / Time |
| <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | |
| <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | |
| <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | |

Patient label



JCONDITCODE44