



HOSPICE OF THE GOLDEN ISLES

1692 Glyngo Parkway • Brunswick, GA 31525
Phone 912.265.4735 • 866.275.6801
www.hospice.me

PHYSICIAN INITIAL CERTIFICATION AND ORDER TO ADMIT

Please evaluate and admit _____ for hospice services.
(Patient's Name)

I certify that this patient has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

In accordance with your patient's wishes, please indicate the extent to which you will be involved in the direct care of the patient after admission to Hospice of the Golden Isles:

- I assign my patient's overall care to the Hospice Medical Director as attending physician.
- I am willing to continue as attending physician for my patient. **(Please select one below):**
 - I wish to be contacted directly for all order changes.
 - I wish to have the Hospice Medical Director serve as a consultant for pain and symptom management. (Recommendations will be made by the Medical Director and you will be contacted for orders and Rx.)
 - I wish to have the Hospice Medical Director manage all pain & symptom orders.
- I wish to sign the Death Certificate. In my absence, the Hospice physician may sign the Death Certificate.

Verbal Order received by _____ Date _____
Nurse's Name

I hereby attest that the medical record entry for _____ (date of service) accurately reflects signatures/notations that I made in my capacity as patient's physician.

Attending Physician's Signature (REQUIRED)

Date (REQUIRED)

Attending Physician's Printed Name (REQUIRED)

Please fax to Hospice of the Golden Isles 912-265-6100

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