**MUST BE COMPLETED FOR ALL PATIENT STATUS CHANGES. IF NOT COMPLETED, STAFF WILL CONTACT PROVIDER FOR CLARIFICATION.**

☐ INPATIENT CARE

DIAGNOSIS: ______________________________


☐ OBSERVATION CARE (where the patient has had an unexpected outcome/event that requires a higher level of monitoring to determine if the patient should be admitted)

☐ Outpatient Observation
  ☐ with cardiac monitoring ☐ without cardiac monitoring

MUST complete REQUIRED documentation on ALL lines below

- Diagnosis/Symptoms/Chief Complaint:
  Required: ______________________________
  (Reason for Observation Services)

- Monitor for:
  Required: ______________________________
  (Condition(s)/treatment(s) to be monitored or goal for care)

- Notify Provider when:
  Required: ______________________________
  (Identify treatment goal and/or criteria for notification or indication(s) that orders have been met)

A NEW PATIENT TYPE/LEVEL OF CARE PHYSICIAN ORDER # 847 MUST BE COMPLETED IF THERE IS A CHANGE IN PATIENT TYPE OR LEVEL OF CARE

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>PHYSICIAN'S SIGNATURE</th>
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Another brand of drug, identical in form and content, may be dispensed unless checked. ☐