

Height	cm Weight	kg
Allergies: Please	Refer to the Patient All	ergy Profile

Orders Processed Date (dd/mm/yyyy)	Physician Transfer of Care (TOC) To be completed whenever the continuing responsibility of a patient's care is to be transferred to another member, service, or department of the Medical Staff, or another Unit, Site, or Hospital System		M K	0	
Time (hhmm)	Physician Transfer of C	are			
	Critical Transfer of Care:	Yes OR No			
	Life or Limb (less tha				
Ву	Emergent (between 4				
	Ourgent (between 24 to 72 hours)				
		ifer accountability to Dr.	hmm)		
Status		(dd/mm/yyyy) Time (h ian is not known at this time (e.g. Discharge to Long	· '		
		OC with the receiving physician and responsibility of			
Processing	accepted	OC With the receiving physician and responsibility c	T care was		
Processing Reviewed by	I have discussed TO	C with patient/SDM			
40	_	AFTER receiving MRP has accepted			
	_				
Status		cumentation below does not constitute an orde			
	SITUATION	ODNR OFull Code Other:			
<u> </u>	New/Current Clinical				
Faxed by	Diagnosis(es)				
	(please list each issue				
	separately)				
	DA CICCOCI INID				
	BACKGROUND				
	Patient profile				
	Pertinent medical				
	history				
1					
	379				90
Telephone Or	der Ordering Practitioner, Designat	tion Signature	Date (dd/mm/yyyy)	Time (hh	ımm)
Read Back				,	
	Ordering Physician, Designatio	n Signature	Date (dd/mm/yyyy)	Time (hh	ımm)

Page 1 of 2



Height	cm Weight	kg
Allergies: Please	Refer to the Patient All	ergy Profile

Processed Date	Physician Transfer of Care (TOC)		М	ĸ	0
(dd/mm/yyyy)	Physician Transfer o	f Care Continued			
	ASSESSMENT				
Time (hhmm)	 Pertinent Issues and findings (e.g. what to look at) 				
Ву	Outstanding clinical investigations				
Status	and consultations (e.g., what to look for)				
Processing Reviewed by	RECOMMENDATION				
-	Management and follow-up plan				
Status	Communication plan to patient/family.				
Faxed by					
	Additional Notes				
OND 245					
1					
Nev. 07/2017/V3					
, de					
Telephone Ord	der Ordering Practitioner, Des	gnation Signature Date (dd/mm/yyyy)	Time (hhmr	n)
	Ordering Physician, Design	aation Signature Date (dd/mm/yyyy)	Time	(hhmi	– m)