Rainy Lake MEDICAL CENTER
In association with SMDC Health System

RLMC Nursing Home/Assisted Living Facility Transfer Order Sheet

Original Date	08/2006	Revision Date	02/2010	Withdrawn Date	

Diet:_____

Medications:_____
_____
_____
_____
_____
_____
_____
_____
_____

Treatments_____
_____
_____
_____

Rehab Potential:_____

- ☐ May participate in activities as designed by the Activity Coordinator
- ☐ May use generic medications
- ☐ Short term stay (<3 mos.)
- ☐ Long term stay (>3 mos.)
- ☐ 2 step mantoux (attach results)
- ☐ SNF admission Days used:_____

_____ ____/____/____ _____:_____
Physician Signature Date Time

PATIENT STICKER