



316 Calhoun Street | Charleston, SC 29401

(843) 724-2450 P (843) 724-2455 F

WWW.RSFH.COM

Physicians Permission Form

Practice name _____

Primary office contact (Office Manager) _____

Total estimated monthly admissions to Roper, St. Francis & Mt. Pleasant Hospital's: _____

Physician Names:

Address: _____

City _____ State _____ Zip _____

Office phone: _____ Fax _____ Backline _____

I authorize the emergency room and admitting departments at Roper, St. Francis and Mt. Pleasant to directly contact the Hospitalist Physicians for all of my patients who require admission. Upon admission, the Hospitalist Physicians will serve as attending physician and follow my patients from admission to discharge. I also authorize the Hospitalist Physicians to see inpatient consults that are referred to me for evaluation and to address any medical issues requiring attention. When I am notified of a patients admission, my office will immediately send the patient's most recent medication list, office notes, and problem list to the appropriate nursing unit in the hospital.

I understand that I can rescind this authorization at any time, with written (including fax) notification.

This agreement covers: Roper Hospital St. Francis Mt Pleasant

Signed: _____ **Date:** _____

Please print name: _____

Return to fax number 843-724-2455