

**NAPERVILLE SURGICAL CENTRE  
ADMISSION REFERRAL FORM**

Because I do not have medical staff privileges at Edward Hospital, I have identified and obtained the signature of a physician who has admitting privileges at Edward Hospital and has agreed to assume responsibility for admitting my emergent patients from Naperville Surgical Centre to Edward Hospital.

Physician Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**ACCEPTANCE OF RESPONSIBILITY FOR EMERGENT ADMISSION**

I agree to be responsible for admitting the emergent patients of the above-named surgeon from Naperville Surgical Centre to Edward Hospital

Admitting Physician \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Primary Office Telephone \_\_\_\_\_

Secondary Office Telephone \_\_\_\_\_

Pager Number \_\_\_\_\_

Residence Telephone \_\_\_\_\_