

**Physician Information Update for Inpatient Admissions or Observation Placements**

**through the Emergency Departments for Dearborn, Taylor, Trenton and Wayne Only**

***PLEASE PRINT***

**Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group Practice or Group Affiliation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***If your patient is admitted to any of the following hospitals….***

**(please check only one box per site)**

**Wayne:**  Admit to Self **Dearborn:**   Admit to Self

 Admit to Med Staff On Call  Admit to Med Staff On Call

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(admit to this designated alternate provider) (admit to this designated alternate provider)

**Dearborn Observation Unit:**

 Admit to Self (Must be a member of IMA)

 Admit to Med Staff On Call

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(admit to this designated alternate provider)

**Taylor:**   Admit to Self **Trenton:**  Admit to Self

 Admit to Med Staff On Call   Admit to Med Staff On Call

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(admit to this designated alternate provider) (admit to this designated alternate provider)

***Once this initial form has been submitted, Physicians are responsible for notifying the physician liaisons***

***of any changes or updates to this profile.***

***Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Please fax or scan and email the completed form to only one physician liaison listed below:**

Dearborn: Dan Cytacki Dearborn: Freda Smith Taylor: Amy Lavrack

Phone: 248-632-3582 Phone: 313-593-7084 Phone: 313-375-7084

[Daniel.Cytacki@beaumont.org](mailto:Daniel.Cytacki@beaumont.org) [Freda.Smith@beaumont.org](mailto:Freda.Smith@beaumont.org) [Amy.Lavrack@beaumont.org](mailto:Amy.Lavrack@beaumont.org)

Fax: 313-436-2042 Fax: 313-436-2042 Fax: 313-295-5085

Trenton: Debbie Beaudrie Wayne: Jane Dause

Phone: 734-671-3903 Phone: 734-467-2524

[Deborah.Beaudrie@beaumont.org](mailto:Deborah.Beaudrie@beaumont.org) [Jane.Dause@beaumont.org](mailto:Jane.Dause@beaumont.org)

Fax: 734-671-3323 Fax: 734-467-4017

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