



**John D. Dingell VA Medical Center  
TRANSFER DOCUMENTATION REQUEST**

**In order to accommodate your transfer request, our Medical Center requires the sending facility to provide information on your patient to confirm Veteran status and provide medical information to the accepting provider.**

**FAX TO (313) 576-1094 THE FOLLOWING INFORMATION:**

- 1) Current Labs**
- 2) Current Progress Notes**
- 3) History and Physical**
- 4) Current Vital Signs**

**IF THIS IS A REQUEST FOR A PSYCHIATRIC TRANSFER, PLEASE INCLUDE:**

- 1) THE CLINICAL CERTIFICATE AND**
- 2) PETITION FOR ADMISSION / OR**
- 3) ADULT VOLUNTARY ADMISSION**

**ALSO, PHYSICIANS ARE REQUIRED TO ANSWER THE THREE QUESTIONS ON THE TRANSFER REQUEST COVER SHEET REGARDING THE PATIENT'S STABILITY.**

**THANK YOU,**

**ADMINISTRATIVE OFFICER OF THE DAY  
PH# (313) 576-4351**

Reviewed/Updated December 20, 2011