

**Physician's Form**

Eligibility for admission into the Dickinson Restoration Center requires this form to be filled out within 30 days before admission by the physician.

Check the following boxes as it applies to (applicant name) \_\_\_\_\_:

Applicant does NOT require acute psychiatric hospitalization and can be managed in a residential treatment setting

Applicant does NOT require nursing facility care

Applicant does NOT require a level of care more restrictive than an LTSR

Applicant does NOT require a lower level of care

I, \_\_\_\_\_, certify that I am licensed to practice medicine in the state of Pennsylvania and have examined the applicant with care and diligence within 30 days prior to the date of admission.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



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