

FAX Cover Sheet

Date:	<input checked="" type="checkbox"/> CONFIDENTIAL
To: Central Fax - MOST & ACP Record	Fax: 604 587-3748
From:	Phone:

You should receive _____ page(s) including this cover sheet.

Attached please find:

- MOST**
- ACP Record**

Quality Assurance check complete:

- Patient Legal Name and PHN clear (label preferred)**
- Section 1: Code Status – one box checked only**
- Section 2: MOST Designation (M or C category) – one box checked only**

***please note section 3 *specific interventions* and *surgical resuscitation* are optional**

- Section 4: MOST Order Entered as a Result of:
Conversations/Consensus – document full name and relationship of person
conversation held with
Physician Assessment – check one box
Supporting Documentation – check all that apply**
- Date Completed, Physician Name and Signature, MSP and Contact Number**

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Name of Practice/Doctor/Site:
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