



Medical Referral Request

TO: Admissions Office, University Hospitals
Iowa City, Iowa 52240

Date:

RE:

Name:

Number:

County:

Person to give permission to operate or undertake
certain diagnostic procedure requiring this authority:

Superintendent (Guardian)

State Training School, 3211 West Edgington, Eldora

The ward named above committed to the State Training School, Eldora, Iowa, is being referred for transfer to the University Hospitals for treatment.

In accordance with the law of Iowa as stipulated in Iowa Code Section 255.28, this person is being transferred to University Hospitals at Iowa City, Iowa.

The above recommendation is hereby approved:

Superintendent (Guardian)

Date