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Email: lara@transitionshomehealthcare.org

PHYSICIANS ORDER FROM TRANSITIONS HOME HEALTH CARE

| PATIENT PRIMARY DIAGNOSIS: PATIENT PRIMARY PAYOR SOURCE: | | | | |
|--|--|--|---|---|
| PATIENT PRIMARY PAYOR SOURCE: | | | | |
| SENT TO: ATTENDING PHYSICIAN: EFFECTIVE BEGIN DATE: | PATIENT PRIMARY DIAC | SNOSIS: | | |
| ATTENDING PHYSICIAN: EFFECTIVE BEGIN DATE:/ DISICIPLINE / MED REQUESTED: ORDER: REASON FOR REQUEST (IF APPLICABLE) I certify that my clinical findings support that this patient is considered HOMEBOUND (i.e. absence from the home require considerable and taxing effort and are for medical reasons or religious services or infrequent and are of short | | OR SOURCE: | | (E.G. Medicare, |
| EFFECTIVE BEGIN DATE:/ | SENT TO: | | | |
| DISICIPLINE / MED REQUESTED: ORDER: REASON FOR REQUEST (IF APPLICABLE) I certify that my clinical findings support that this patient is considered HOMEBOUND (i.e. absence from the home require considerable and taxing effort and are for medical reasons or religious services or infrequent and are of short duration when for other reasons). Yes, patient is Homebound. NAME OF CLINICAL STAFF FOR WHOM THIS ORDER IS REQUESTED: Lara Burkhardt RN. DON. | ATTENDING PHYSICIAN | : | | |
| REASON FOR REQUEST (IF APPLICABLE) I certify that my clinical findings support that this patient is considered HOMEBOUND (i.e. absence from the home require considerable and taxing effort and are for medical reasons or religious services or infrequent and are of short duration when for other reasons). Yes, patient is is Homebound. NAME OF CLINICAL STAFF FOR WHOM THIS ORDER IS REQUESTED: Lara Burkhardt RN. DON. | EFFECTIVE BEGIN DATE | E:/ | | |
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| I certify that my clinical findings support that this patient is considered HOMEBOUND (i.e. absence from the home require considerable and taxing effort and are for medical reasons or religious services or infrequent and are of short duration when for other reasons). Yes, patient Shomebound. No, patient is not Homebound. NAME OF CLINICAL STAFF FOR WHOM THIS ORDER IS REQUESTED: Lara Burkhardt RN. DON. | ORDER: | | | |
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| | I certify that my clinica | | s patient is considered <u>HC</u> | OMEROUND (i e. absences |
| | from the home require cons | duration Yes, patient | No, patient is | eligious services or |
| I certify that this patient is under my care and that I or a Nurse Practitioner or Physician's Assistant approves this order; | from the home require cons infrequent and are of short NAME OF CLINICAL STA | Yes, patient is Homebound. FF FOR WHOM THIS ORDE | No, patient is not Homebound. ER IS REQUESTED: Lara I | eligious services or en for other reasons). Burkhardt RN. DON. |
| PHYSICIANS SIGNATUREDATE: | name of clinical sta | Yes, patient is Homebound. FF FOR WHOM THIS ORDED IL STAFF REQUESTING NEU | No, patient is not Homebound. ER IS REQUESTED: Lara I ED FOR ORDER: | eligious services or en for other reasons). Burkhardt RN. DON. |
| CO SIGNER SIGNATURE: | name of Clinical Sta Signature of Clinical I certify that this pat | Yes, patient is Homebound. FF FOR WHOM THIS ORDED IN STAFF REQUESTING NEW Assistant appropriate the start of the start appropriate the start of the start of the start appropriate the start of the sta | No, patient is not Homebound. ER IS REQUESTED: Lara I ED FOR ORDER: and that I or a Nurse Practoves this order; | eligious services or en for other reasons). Burkhardt RN. DON. ctitioner or Physician's |

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| *PLEASE RETURN A C | OPY OF THIS ORDER |
|--------------------|-------------------|
| VIA FAX AT: () | |

WE THANK YOU FOR WORKING WITH US TO CARE FOR YOUR PATIENT!

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