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REQUEST for Encounter Details/Visit Notes

*We are requesting **Encounter Details** or **Visit Notes** from a particular visit with a mutual patient;*

Patient Name: _____

Patient DOB: _____

Physician: _____

DATE of visit which we are requesting documentation:

_____/_____/_____

Please send us the **Encounter Details** or **Visit Notes** from your encounter with Patient (above) from the date given (above). Please send this VIA fax at 740-860-3205 or 844-917-1754. If unable to fax, you may send VIA email at lara@transitionshomehealthcare.org or taylor@transitionshomehealthcare.org

THANK YOU, WE REALLY APPRECIATE IT!