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- Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Thank you so much for your collaboration on the recent referral, please complete and return the attached form. Additionally, please provide this additional documentation to support the referral.

- Demographics (Name, DOB, Insurance and primary Caregiver contact information)
- History and physical, Clinic Visit Notes
- Any additional information to support the terminal diagnosis.
 - Echocardiogram, CT, EGD, Renal function labs, Hepatic function labs, NYHA Score, FAST Score, or PPS Score, Oncology documentation.
 - Any other Supporting documentation including ER or clinic visit frequency. Downward trending of patient's weight or serum albumin
 - _____
- Medication List
- Physician's certification of terminal illness, complete with a short narrative explaining why the patient qualifies for Hospice benefit and has a prognosis of 6 months or less.
 - This form must be signed by a physician.

IMPORTANT NOTICE

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