## Referral for Hospice Care Palliative Treatment

Phone: 800.338.4043

765.453.7702

Fax: 877.424.2688

765.453.7825

Patient		Date of Birth	
Spouse or Care	egiver		
Patient Phone <sub>-</sub>	Prim	Primary Diagnosis	
00	Contact our office before calling my patient	OContact my patient now	
• U	cient choose hospice care, Guardian Angel HOS lpdate your office regularly on the patient's co rovide copies of all orders, information and n	ondition	
Additional inst	ructions/information (optional):		
D	I		
	hysician's Name		
Р	hysician's Signature		
D	Pate		
Р	erson Making Referral		
Р	hone Number		

Please fax this page to 877.424.2688 or 765.453.7825

Attach patient demographics and recent medical records, if possible. Our office hours are Monday thru Friday from 8:30 am - 5:00 pm. If sending a fax after hours, please call the office to alert the triage nurse that a fax referral sheet was sent. Thank you for choosing Guardian Angel Hospice.

Guardian Angel Hospice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingü.stica. Llame al 1-800-338-4043.

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。 請致電 1-800-338-4043。



Comfort for life's final journey

For more information on how we can help you or your patients with specialized palliative care, contact a hospice expert at 800.338.4043. Follow us on Facebook at Guardian Angel Hospice, Inc., on Twitter and Instagram @GAHospice, and visit GuardianAngelHospice.com.