

# FAX

<b>To:</b>		<b>Name:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>Fax:</b>	<b>833-523-5032</b>	<b>Pages:</b>	
<b>Re:</b>	Palliative Care	<b>Date</b>	

Please fax the following:

- Patient Demographics
- Insurance Information
- Life-Limiting Diagnosis (24 months or less)
- Current Medication List
- Most Recent Lab Work
- Referring Physician:
- Patient H&P and last visit note with history/problem list and details of life-limiting illness prognosis.

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