



Doctor's Hospice
of Idaho

1552 Crestmont Drive, Suite B
Meridian, ID 83642

Phone:

208-985-2260

Fax: 208-985-2261

Rapid Hospice Referral

Dr: _____

Patient Name: _____ DOB: _____

Evaluate and Admit to Hospice if appropriate for Dx: _____

I am requesting to follow on Hospice: _____

I am requesting to have Medical Director follow patient on Hospice: _____

Verbal Order given to: _____

Physician Signature

Date

Please attach a copy of Patient Face Sheet, History & Physical

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