



# Hospice Referral Fax

To confirm receipt of this fax, please call  
336.621.7575

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
\_\_\_\_\_

Facility: \_\_\_\_\_ Room Number: \_\_\_\_\_  
Faxed by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please include the following:

- Facility Face Sheet
- Order for Hospice Consult
- Has the family been notified?

Comments:

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Referral Center: Monday-Friday 8:30 a.m. - 5:00 p.m.  
336.621.7575