



Hospice Referral Fax

Fax # 336.532.0516

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:

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