



**PHYSICIAN ORDER TO ADMIT
DIGNITY HOME HEALTH & HOSPICE**

PHONE: (720) 222-3315
PLEASE FAX TO : (303) 366-9595

HOME HEALTH HOSPICE

PATIENT INFORMATION:	
NAME	
DATE OF BIRTH	
SOCIAL SECURITY #	
PRIMARY INSURANCE /ID #	
SECONDARY INSURANCE /ID #	
START DATE FOR CARE	

DIGNITY HOME HEALTH & HOSPICE TO EVALUATE AND TREAT: (CHECK ALL APPROPRIATE SERVICES & LIST SPECIAL INSTRUCTIONS)	
<input checked="" type="checkbox"/> SKILLED NURSING	To EVALUATE FOR HOME CARE ELIGIBILITY & TREAT
<input type="checkbox"/> PT/OT/ST	
<input type="checkbox"/> WOUND CARE	
<input type="checkbox"/> NUTRITIONAL SUPPORT	
<input type="checkbox"/> DIABETIC CARE	
<input type="checkbox"/> IV THERAPY	
<input type="checkbox"/> MEDICAL SOCIAL SERVICES	
<input type="checkbox"/> MEDICAL SUPPLIES	
<input type="checkbox"/> AIDE SERVICES	

ADDITIONAL ORDERS/INSTRUCTIONS:
<input type="checkbox"/> DIGNITY MEDICAL DIRECTOR TO ASSUME PATIENT CARE <input type="checkbox"/> DIGNITY MEDICAL DIRECTOR WILL FOLLOW FOR PAIN MANAGEMENT <input type="checkbox"/> I WANT TO BE INVOLVED IN DAY-TO-DAY DECISIONS <input type="checkbox"/> I WANT FYI CONTACT ONLY

PHYSICIAN SIGNATURE /CONTACT #

DATE