



HOSPICE
of SOUTH GEORGIA

LANGDALE HOSPICE HOUSE
Providing Comfort, Creating Memories

Patient Referral Fax Cover

Please fill out requested information, and fax this sheet with records to **229-433-7003**.

Referrals can also be taken through phone: **229-433-7000**

Referred by (company/contact person): _____

Phone: _____ Fax: _____

Patient Name: _____ DOB: _____

Phone: _____ Insurance _____

Primary Physician: _____ Terminal Diagnosis: _____

Other Physicians/agencies involved in care: _____

Does patient/caregiver know of this hospice referral? _____

Please fax along with this information sheet:

- ◆ Patient demographics (SSN, address, etc.)
- ◆ Primary physician dictations, labs, radiology, tests, etc. from the past **6 months**.
- ◆ Any supporting documentation for patient's terminal diagnosis