

HOSPICE ORDER



Patient Information:

Name: _____ DOB: _____

Medicare/Medicaid/Ins. #: _____ Phone: _____

Hospice Order:

- Circle one: STAT(within 24hrs) ROUTINE
- Tranquility Hospice Care to evaluate for hospice care

Physician Name

Physician Signature

Date

Comments/Additional Information:

- For questions, call Tranquility Hospice Care at: 512.688.5607
- ***Please fax this signed hospice order along with H&P and/or Patient Face Sheet***

Fax to: 512-436-0802

Tranquility Hospice Care
2700 Shell Road
Georgetown, TX 78628
Phone: 512-688-5607