

Physicians Recommendation for End of Life Care Instructions

TO AVOID UNNECESSARY DELAYS, PLEASE READ ALL INSTRUCTIONS CAREFULLY

- You must print legibly
- All items must be marked with a YES or a NO
- All items must be completed
- Follow instructions for each section (example: mark one item yes, mark all that apply, etc.)
- The form must be completed by two physicians- (MD or DO) an Attending and a Consulting Physician
- The attending physician is to complete the top portion of the form then mark the recommendations; the consulting physician (if in agreement with the attending physicians recommendations), completes the bottom portion of the form.

In addition to this legibly completed form, please also submit:

History and Physical (H&P)

Attending Physicians Recent Progress Note

Consulting Physicians Recent Progress Note

Please include a fax cover sheet with your point of contacts full name, telephone number, and email address so that we may contact you for missing information or to provide approval

Due to increased volume of requests, when submitting recommendations, please include all required documentation within one fax per client.

Please submit the completed information to

Attention: DAIL NURSE CONSULTANT

Fax 502-564-1203

If you have any questions or concerns, please contact the DAIL Nurse Consultants:

Mary Ailiff 502-226-0578

Leanna McGaughey 502-229-5992