

To: _____	From: _____
Company: _____	Date: _____
Fax # : _____	# of Pages (including cover): _____
Phone #: _____	RE: _____

PATIENT NAME: _____

DOB: _____, WITH EFFECTIVE DATE: _____ has opted to transfer hospice care to Agape Hospice Care Please fax H&P, initial order, certification, and face to face to (866) 682-6164. If you have any questions, please contact the Intake Manager at (404) 763-1456.

Thank you,
Intake Manager

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