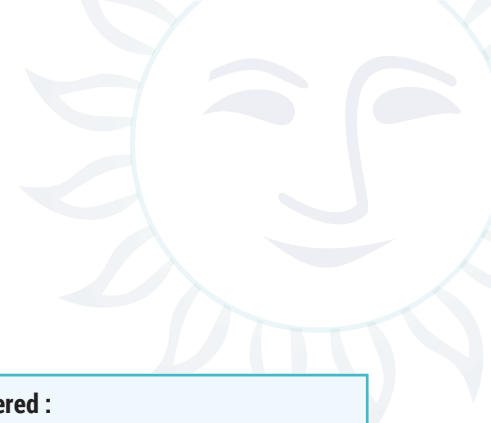




The Sun Home Health

We Believe In Excellence! - Since 1997



Doctor's Order Form

The Sun Home Health Company		Date Ordered :
Last Name :		Physician :
First Name :	DOB :	Phone No :

Order

Fax:
Re: Signed Orders

From: **The Sun Home Health Company**
Phone : 740-362-5035
Fax : 866-998-1852

Date :

To,
Dear Doctor :

In an effort to remain in compliance with Federal and State regulations, we are required to have Timely signed physician's orders. Below are orders that need your signature and date. Please fax order to us at the fax number indicated on the cover sheet of this document. We appreciate your prompt attention.

PRIVACY/CONFIDENTIALITY NOTICE REGARDING PROTECTED HEALTH INFORMATION.

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Signature of Nurse

Physician Sign