



Veterans Administration

VHA FAX TRANSMITTAL

TO: Linda M. McCauslin, LCSW

Discharge Planning
Coordinator-Orlando VAMC

FAX NUMBER

FTS

COMMERCIAL

DATE

NO. PAGES
ATTACHED

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SUBJECT

Request for Community Nursing Home Authorization

FROM

TELEPHONE NUMBER

FTS

COMMERCIAL

The following information is included in the pages of this fax:

_____ State of Florida 3008 form both pages complete signed, and dated by the doctor, no older than 30 days

_____ Admission Face Sheet including current room number and location

_____ History and Physical

_____ Consult summaries

_____ Discharge orders including discharge medication list

_____ Operative reports (as applicable for current admission)

_____ Therapy evaluations and most current therapy progress note-evaluation to include clear discharge recommendation and documentation of current ambulation distance in feet

_____ Specialty Care Needed including:

Oxygen:	type:	frequency:	
TPN/tube feedings:	type:	frequency:	
IVA:	type:	frequency:	
HBO:	type:	frequency:	
Chemo/Radiation:	type:	frequency:	location:
Wound Care/Vaccum:	type:	frequency:	
Dialysis:	type:	frequency:	location:
Other:	type:	frequency:	location:

_____ Name of the contract nursing facility accepting Veteran

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