



To **Linda M. McCauslin, LCSW**
Discharge Planning Coordinator
Orlando VAMC

Fax Number FTS
407-643-9301

Commercial
Desk: 407-646-4643

Date

No. Pages
Attached

Subject
Request for Community Nursing Home Authorization

From Telephone Number FTS Commercial

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If you received this communication in error, please notify us immediately at the telephone number shown above. Thank you.

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

- _____ 3008 form both pages signed by the doctor, nurse and social worker, no older than 30 days
- _____ Admission Face Sheet including current room number and location
- _____ History and Physical
- _____ Consult summaries
- _____ Discharge med list
- _____ Discharge orders
- _____ Therapy evaluations and most recent therapy progress notes-evaluation to include clear discharge recommendation and documentation of current ambulation distance in feet
- _____ Specialty Care Needed including:

Oxygen:	type:	frequency:	
TPN/tube:	type:	frequency:	
IVA:	type:	frequency:	
HBO:	type:	frequency:	
Chemo/Radiation:	type:	frequency:	location:
Wound Vacuum:	type:	frequency:	
Dialysis:	type:	frequency:	location:
Other:	type:	frequency:	location:
- _____ Name of the contract nursing facility accepting Veteran