



Preferred Provider

Oklahoma City Area  
Phone: 405-720-2401

**Please fax to: 405-720-2556**

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
HICN#

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
DX

**R<sub>x</sub>**

Admit to Home Health

Medical Equipment Consultation

Therapy

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Services
- Other: \_\_\_\_\_

Skilled Nursing

- Evaluation and Treatment
- Diabetes Teaching
- Wound Care
- Labs:
- Other: \_\_\_\_\_

To download this form, go to [www.entrustedhearts.org](http://www.entrustedhearts.org).

Physician Orders and/or Special Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician Electronic Signature

\_\_\_\_\_  
Date