



Preferred Provider

Owasso/Tulsa Area
Phone: 888-272-5339

Please fax to: 918-272-2267

Patient Name

Phone

HICN#

Date of Birth

DX

R_x

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.

Physician Orders and/or Special Requests: _____

Physician Electronic Signature

Date