Consumer Directed Services Option
Nursing Services
VERBAL/TELEPHONE ORDER

Doctor name and address:	Patient name and address:
	fax cellular

Per your verbal/telephone order on_____ we have made the following changes to the Plan Of Care/medication schedule for_____. Please sign this order and fax a copy to _____ And mail the original to the patient's house. Thank you.

Nurse's signature_____ Date_____
Physician's signature_____ License #_____Date__