

METHODIST HEALTHCARE
Patient Placement Services

www.SAHealth.com/PPS

FAX Cover Sheet

From: _____

To: Patient Placement Services

Fax: _____

Fax: 866-743-1185

Phone: _____

Phone: 210-575-ADMT (2368)
Or Toll Free
877-575-ADMT (2368)

Date: _____

Patient Name: _____ M F

Age: _____ Date of Birth: _____ Social Security #: _____

Diagnosis: _____

Physician: _____

Location: Telemetry Medical Surgical Status: Observation Inpatient

Insurance: _____

Authorization Number: _____

Name & Number of person issuing authorization:

If faxing Physician Orders,
please be sure they include
the following:
▶ Date & time
▶ Diagnosis
▶ Physician
▶ Location
▶ Status
▶ Physician's signature

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