MedSide
Home Health Care

P.O. Box 190996
Atlanta, GA 31119
Telephone: (404) 633-7433
Fax: 1-888-633-7430

VERBAL ORDER

TO: _____
_____
_____
_____
_____

PATIENT NAME:
_____
_____

Dear Doctor,
The orders below are forwarded for your signature to authorize your orders given on the date indicated. Please sign and return promptly either by mail or fax. Thank you for allowing us to provide services to your patient.

DISCIPLINE	SERVICE AND TREATMENT ORDERED

SIGNATURE/TITLE AND DATE OF DISCIPLINE ACCEPTING ORDERS: _____

I CONFIRM ISSUANCE OF THE ABOVE VERBAL ORDER: _____