Department of Veterans Affairs

Memorandum

Date:

From: Community Health Nurse Coordinators (171H)
Primary Care Service Line
Room 5B-119

Subj: MD Signature of Home Health Orders Patient/last 4:

To: [ ] GPA [ ] GPB [ ] GPC [ ]Geriatrics [ ] Medicine [ ] Psychiatry

[ ] Rehab/Neuro [ ] SCI [ ] Surgery [ ] Other:

Thru:

1. Attached are **home health** orders for veterans which require **MD signature**.

2. Please have signed/dated within **2-3 days** and mail back to the home health agency in the envelope provided.

3. It is **IMPERATIVE** that these orders be handled expeditiously.

4. Thanks so much for your cooperation, and please call if any questions ext. 5384.

Amy Mitchell, RN, BSN, C.

Kaye Cash, RN, BSN, C.

[ ] GPA [ ] GPB [ ] GPC [ ]Geriatrics [ ] Medicine [ ] Psychiatry

[ ] Rehab/Neuro [ ] SCI [ ] Surgery [ ] Other:

Dr. Kurt Link, Chief, Primary Care