

TO: SAMLAND HEALTH CARE INC

Member, Samland Group of Companies

4320 W. Montrose Ave., Chicago IL 60641 * Tel (773) 283-2525; (773) 202-4720

FAX NO: (773) 283 7595/ (773) 202 4747

ATTN: Nursing Office Coordinator

PATIENT REFERRAL SHEET

Date: _____

Patient Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____ Sex: _____

Medicare #: _____ Public Aide #: _____

Private Insurance (if any): _____

Diagnosis/Medical Condition: _____

Contact person and phone # in cases of emergency: _____

Relation to patient: _____

Other information: _____

Referring agency/hospital/clinic: _____

Contact Person: _____ Phone #: _____

*** For patient referral follow-up or update, please call OPEL at (773) 283 2525 ext 266**