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| VA logo **Veterans Administration** | | **VHA FAX TRANSMITTAL** | | | | | | | | | | |
| TO:  **Orlando VA Discharge Planning Coordinators:**  **Ty** | FAX NUMBER | |  | FTS |  | **COMMERCIAL** | | DATE | | | | **NO. PAGES ATTACHED** |
| **Tyra Janke, LCSW**  **Cherish Krisciunas, LCSW** | **Fax: 407-643-9301**  **Phone: 407-785-4563 or 321-230-4137** | | | | | | |  | | | |  |
| SUBJECT Request for VA Authorization for Community Nursing Home Placement | | | | | | | | | | | | |
| FROMRCoordinator | | | | TELEPHONE NUMBER | | |  | | **FTS** |  | COMMERCIAL | |
|  | | | |  | | | | | | | | |

**The following information is included in the pages of this fax:**

\_\_\_\_\_ **State of Florida 3008 form** - both pages signed and dated by the doctor, no older than 30 days

\_\_\_\_\_ **Admission face sheet** - including current room number and location

\_\_\_\_\_ **History and Physical**

\_\_\_\_\_ **Consult summaries** - most current

\_\_\_\_\_ **Discharge orders including discharge medication list**

\_\_\_\_\_ **Operative reports -** as applicable for current admission

\_\_\_\_\_ **Therapy evaluations and most current therapy progress note** - evaluation to include clear

discharge recommendation and documentation of current ambulation distance in feet

\_\_\_\_\_ **Specialty care needed including**:

Oxygen: type: frequency:

TPN/tube feedings: type: frequency:

IVA: type: frequency:

HBO: type: frequency:

Chemo/Radiation: type: frequency: location:

Wound Care/Vacuum: type: frequency:

Dialysis: type: frequency: location:

Other: type: frequency: location:

\_\_\_\_\_ **Name of the Orlando VA-contracted Community Nursing Home** accepting Veteran

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