

DISCHARGE FAX COVER SHEET

To: _____ Fax Number: _____

From: _____ Fax Number: _____

Date: _____ Number of Pages: _____

Patient: _____ DOB: _____

THANK YOU

This patient has been discharged from THA Group's

Island Health Care **RightHealth[®]**

Start of Care Date: _____ Discharge Date: _____

Services Provided: Skilled Nursing Physical Therapy Occupational Therapy

Speech Therapy MSW Home Health Aides Telemonitoring

We are honored to have participated in your patient's health care and look forward to collaborating with you in the future. Attached are the discharge summary and the medication list at the time of discharge. Please don't hesitate to call if you have any questions.

Sincerely,

Phone: 888-842-4663

Fax: 888-842-3293