Pediatric Day Health Center at Manchester

1770 Tobias Ave, Manchester, NJ 08759 Phone: 732-323-8400 • Fax: 732-323-8408

FAX COVER SHEET

DATE: 12.5.//
TO: Yassin Peds
FAX NUMBER: 609.242.1906
FROM: Carol Belanger, RN- Administrator Aleda Vogel, RN - Acting Director of Nursing Jesse Alter, LSW - Director of Social Work Kaila Kroeper, BA - Teacher/Activity Director
NUMBER OF PAGES: (Including Cover)
Comments:
Please signi
Thank-you!
A.VOQOIRO

The HIPAA Privacy Rule permits a health care provider to disclose protected health information about an individual, without the individual's authorization, to another health care provider for that provider's treatment of the individual. See 45 CFR 164.506 and the definition of "treatment" at 45 CFR 164.501.

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Dec. 5. 2011 9: 52 AM I EULULY IC DAY I Lealth No. 99071 t. 2.

The

at Manchester

Pediatric Day Health Center

At Manchester PHONE: 732-323-8400 FAX: 732-323-8408

PHYSICAN'S TELEPHONE ORDERS

SH	Facility Name	Yassin	Address 69.242.1906 List Name Admission Number 18000 Num
VE ORDĚHS	Ja j Date Ordered	Date Discontinued	Admission Number Room Number Altending Physician ORDERS
LEPHO			
JAN'S TE			OT therapy 2x Week x15-60 mins.
	Signature of Nurs Receiving Order	J 16	OGUL RIVERSON Signature of Date
			ARIGINAL COPY - Physician Please Sign and Return

Family Name	First Name		Admission Number	Room Number	Attending Physician	
Date Ordered	Date Discontinued	<u> </u>		ORDERS		
-		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		!		
		<u>, </u>		<u> </u>		
					 	
gnature of Nurse eceiving Order		_	Time	Signature of Physician		Date

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