

FAX

TO: **Provider Name**
FAX:
FROM: Dr Name
DATE:
RE: **CARE PLAN – [PATIENT NAME]**

Please find attached a Care Plan for [patient's full name].

I am required to send a copy of the Care Plan to all Health Care Providers involved in the patient's care.

Could you please read the Care Plan and check that your role has been correctly documented and that you agree with the stated goals. If amendments need to be made, please note amendments and return to me so I can make the corrections and fax you back a correct copy. Please sign and fax back so I can add it to the patient's records.

Please tick below:

- Correct

- Incorrect

Amendments

Thank you for your time.

.....
Provider Signature

Dr Name

Thank you for your time and input into this patient's health and well-being.