



PORT MALABAR HOLIDAY PARK
MOBILE HOME PARK RECREATION DISTRICT

215 Holiday Park Boulevard NE
Palm Bay, Florida 32907-2196

Dear Doctor:

As a gated senior community, when a physician notifies the District a resident requires the assistance of a caregiver arrangements are made for expiated access by individuals legally authorized to provide medical care.

When full time assistance is necessary additional provision apply and if the caregiver is under age 40 we are required to demonstrate compliance with Federal Fair Housing Act regulations and Deed Restriction provisions.

To assist both your patient and our office in implementing your directives we would appreciate your assistance and cooperation by providing the following information.

My patient: _____ requires medical care at home:

as prescribed/when needed 24 hour per day.

The type/level of service necessary requires a medical professional:

Licensed/Certified RN, LPN, CMA, or CNA

Other _____
Phone Number _____

This authorization will remain in effect for: ___ weeks one year, and may be extended upon my verification of continued need.

Physician: _____ Florida License Number: _____

Telephone Number: _____ Date: _____

Thank you for your cooperation! If you desire additional information or we can be of service please contact our office.

Mike Lawler,
District Manager