

PORT MALABAR HOLIDAY PARK
RECREATION DISTRICT MOBILE HOME PARK
215 Holiday Park Boulevard, NE
Palm Bay, FL 32907-2196
District Office: 321-724-2240

CAREGIVER AUTHORIZATION

We understand from your patient _____, who is a resident of Holiday Park or from a family member of your patient, that Caregiver service is required.

Since we are a 55+ Senior Community, our Rules & Regulations require that the District be notified by a physician when a Caregiver is required. In order to accommodate our resident, we're requesting that you provide the following information:

<p>Patient _____ requires medical care at home as indicated: _____ as prescribed / when needed _____ 24 hour per day.</p> <p>Type or level of service necessary requires a medical professional:</p> <p>- _____ Certified RN, LPN, CMA or CNA</p> <p>_____ Other _____</p> <p>This authorization will remain in effect for: _____ # weeks _____ one year.</p> <p>Physician: _____ Florida License # _____</p>
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Authorization beyond time indicated, the patient or family member is required to obtain additional verification. It is the responsibility of the patient or family member to obtain the approved extension.

By signing this document, you as the Doctor authorize Caregiver services for your patient.

Physician Signature

Telephone Number

Date