ALLEVIATE HOSPICE CARE INC.
13098 Borden Ave Sylmar, CA 91342
Phone: (818) 433-4558 * Fax: (818) 452-3833
E mail: alleviatehospicecareinc@gmail.com

EMERGENCY PLAN ACKNOWLEDGEMENT

Patient Name: _____ **MRN:** **Date**

I hereby acknowledge that I have received information regarding ALLEVIATE HOSPICE CARE INC's. management plan during the initial visit. I have been notified to provide ALLEVIATE HOSPICE CARE INC. with my emergency plan for the home and special needs.

(Return to Office)

SIGNATURE: _____ **DATE:**_____

HOSPICE REPRESENTATIVE: _____