

THERAPY 2000

2535 LONE STAR DRIVE • DALLAS, TEXAS 75212 • 214-467-9787 • FAX 214-741-3655

DISCHARGE NOTIFICATION FORM

With this notice we inform you that / *Con este aviso le informamos que*
_____ will be discharged/transferred from THERAPY
2000 effective / *Será dado de baja/transferido de THERAPY 2000 a partir de*
_____.

Services currently being provided / *Los servicios que le estamos proveyendo son:*

- ____ Occupational Therapy / *Terapia Ocupacional*
____ Speech Therapy / *Terapia del habla/lenguaje*
____ Physical Therapy / *Terapia Física*

I have been notified that services will end on the effective date indicated on this notice.
Me doy por enterado que los servicios provistos terminarán en la fecha indicada en este
aviso.

Parent/Legal Guardian (print name)
Padre de familia/Guardian legal
(Escriba con letra de molde)

Relationship to patient
Parentesco con el paciente

Signature / *Firma*

Date / *Fecha*

.....
Client/Representative verbalized understanding of discharge: Yes No

Physician notified Yes No

Date Delivered/Mailed

Phone Call Date (if mailed)

Agency Representative Signature

Date

Patient Last Name

First