Sycamore Run Nursing & Rehabilitation Center

Selection of Medical Professionals

Physician

_____ Dr. Butros Latouf
_____ Dr. Yasser Omran
_____ My personal physician will follow me at Sycamore Run Nursing & Rehabilitation Center.
Name: _____
Address: _____
_____
Phone: _____
Fax: _____

Podiatrist

_____ 360 Care (in facility).
_____ I will retain my current podiatrist.
Name: _____
Address: _____
_____
Phone: _____
Fax: _____

Dentist

_____ 360 Care (in facility).
_____ I will retain my current dentist.
Name: _____
Address: _____
_____
Phone: _____
Fax: _____

Audiologist

_____ 360 Care (in facility).
_____ I will retain my current audiologist.

Optometrist

_____ 360 Care (in facility).
_____ I will retain my current Optometrist.
Name: _____
Address: _____
_____
Phone: _____
Fax: _____

Psychiatrist

_____ Dr. Mark Zedar
_____ Dr. Nicomedes Sansait
_____ Redle Psychological Service, LLC
_____ I wish to continue services with
Name: _____
Address: _____
_____
Phone: _____
Fax: _____

Hospital

I prefer the following hospital for medical treatment:

_____Joel Pomerene Hospital

By not making a selection or providing information, I am refusing treatment in these areas at this time. Sycamore Run will notify me of any particular concerns and may choose the proper course of action at that time.

The above selections authorize the release of insurance, Medicare, Medicaid, and medical record information requires to complete care, treatment and proper billing as overseen by Sycamore Run Nursing & Rehabilitation Center.

_____ _____
Resident or Responsible Party Signature Date

_____ _____
Facility Representative Date