

# TIDEWELL CONNECT FAX TRANSMITTAL

Tidewell<sup>®</sup>  
SINCE 1980

YOUR LOCAL,  
NOT-FOR-PROFIT  
HOSPICE

CONNECT

www.tidewell.org

(PLEASE PRINT)

<b>FROM:</b>	<b>DATE</b>
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<b>PATIENT NAME:</b>
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**TO: ACCESS DEPARTMENT**  
Tidewell Hospice

**FAX TO: 941-894-1780**  
**8 PAGES** (including cover)

The following is a list of documents contained in the consent package. Please print and complete forms as instructed. Place name of patient where applicable. Use check boxes below to verify all completed forms.

**For questions call: 941-894-1777**

- TIDEWELL CONNECT CONSENT FOR CARE** – Sign and Date/Witness Sign and Date  
(Tidewell will enter start date at time of admission)
- TIDEWELL CONNECT ELECTION FORM** – Sign and Date/Witness Sign and Date.  
(Tidewell will enter start date at time of admission)
- ADVANCE DIRECTIVES PATIENT ACKNOWLEDGMENT** – Complete but do NOT sign.
- DO NOT RESUSCITATE ORDER** – Sign and print
- FINANCIAL ASSESSMENT WORKSHEET**

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*Tidewell Hospice's mission is to provide the highest quality of care that embraces a comprehensive continuum of services for patients and families dealing with advanced illness.*