PHONE: 218-522-9700 FAX: 763-231-9602



## **New Patient Fax Cover Sheet**

Please complete this sheet and use as your fax cover sheet when sending Twin Cities Physicians and admission paperwork (all fields must be completed).

Name of Community:		
Room #:	#: Date Resident Expected: ent Name: DOB:	
Resident Name:		
Notes:		
Please check one a	nd send the related doc	cuments:
☐ Rehab/TCU ☐ Long	g-Term Care 🛮 🗆 Assisted Livin	g □ Independent Living • Nursing Management? Y/N
Please Fax or Email	the following:	
<ul><li>☐ Facesheet</li><li>☐ Insurance card</li><li>☐ SSN</li><li>☐ Current Med List</li></ul>	☐ Discharge Summary	
☐ Check if patient is €	enrolled in hospice	

## **Send Us All Information:**

- By Fax: 763.312.1800
- By Email: <a href="mailto:newadmit@mymgs.org">newadmit@mymgs.org</a>
- Questions? Call MGS Admissions: 218-522-7900
- Want this process to be easier? Call and ask about our Google Form!