

# Order for Palliative Care Services

Date: [Insert Date]

To: [Palliative Care Provider's Name]

Address: [Provider's Address]

City, State, Zip: [Provider's City, State, Zip]

Dear [Provider's Name],

I am writing to formally request palliative care services for my patient, [Patient's Name], who has been diagnosed with [Diagnosis]. The services are needed to improve the quality of life for the patient as they navigate their condition.

Details of the patient are as follows:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Address: [Patient's Address]
- Phone Number: [Patient's Phone Number]

The specific services requested include:

- Expert pain management
- Emotional and psychological support
- Assistance with daily activities
- Family counseling and support

Please contact me at [Your Phone Number] or [Your Email] should you need any additional information or clarification regarding this order.

Thank you for your attention to this matter. I look forward to your prompt response in arranging these services for [Patient's Name].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]