

TRI CITY HOSPICE INC.
13096 Borden Ave Sylmar, CA 91342
Phone: (818) 433-4524 Fax: (818) 452-5011
[E-mail: tricityhospiceinc@gmail.com](mailto:tricityhospiceinc@gmail.com)

CHANGE IN ATTENDING PHYSICIAN

_____ who elected hospice services
(Name of Patient/Representative)

on _____ d e s i g n a t e d **Dr.** as my chosen
(Date of Admission)

Attending physician to provide my Hospice care effective _____
(Date of Change)

The physician I have chosen to serve as my attending physician is,

Name of the Doctor:

13096 Borden Ave Sylmar, CA 91342

(Return to Office)

PATIENT NAME: _____ **DATE:** _____

SIGNATURE: _____

HOSPICE REPRESENTATIVE: _____