

## Primary Care Notification Request

To receive fax, email and/or text notifications when your patient(s) present to our hospital(s) complete all fields noted with an asterisk (\*), sign and fax to (888) 863-2408 or Email to [Nfdo.northfloridalsc@hcahealthcare.com](mailto:Nfdo.northfloridalsc@hcahealthcare.com)

*Type of request: <input type="checkbox"/> <b>Add</b> → <input type="checkbox"/> <b>SMS Text</b> (Admission Only) <input type="checkbox"/> <b>Email</b> (Admission Only)   <input type="checkbox"/> <b>Fax</b> <input type="checkbox"/> Admission and/or <input type="checkbox"/> Discharge Instructions <input type="checkbox"/> <b>Remove</b> → <input type="checkbox"/> <b>SMS Text</b> (Admission Only) <input type="checkbox"/> <b>Email</b> (Admission Only)   <input type="checkbox"/> <b>Fax</b> <input type="checkbox"/> Admission and/or <input type="checkbox"/> Discharge Instructions	
*Office <b>Phone</b> Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	*Office <b>Fax</b> Number (for Fax Notifications Only) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
* Physician Name	Physician User ID (i.e. ABC1234) AND Provider Mnemonic (i.e. SMIJO):
*Office Address:	*Hospital:
<b>Primary Care Physician Notification:</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
_____ <b>Cell Phone</b> (for Text Notifications only)	_____ <b>Email</b> (for Email Notifications Only)
_____ <b>Carrier (ATT, Sprint, Verizon)</b> (for Text Notifications Only)	*Do you have Remote Access to Meditech or Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not would you like Remote Access? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Staff to be notified: (Office Manager, etc.)	
_____ Name and User ID (i.e. ABC1234)	_____ Name and User ID (i.e. ABC1234)
_____ Title	_____ Title
_____ Email	_____ Email
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
_____ Cell Phone	_____ Cell Phone
_____ Carrier (ATT, Sprint, Verizon)	_____ Carrier (ATT, Sprint, Verizon)
*Do you have Remote Access to Meditech or Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not would you like Remote Access? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Do you have Remote Access to Meditech or Portal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not would you like Remote Access? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Physician Printed Name:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
*Physician Signature:	
*Request Submitted By:	*Requestor Phone Number: