



5844 South Curtice Street
Littleton, CO 80120
Phone: (303) 347-9755, fax: (303) 347-3064

Date _____

RE: _____

Dear Dr. _____:

We are pleased to inform you that your patient has applied for residency at our community.

Our community provides the following types of service to the general population.

- 1) Three meals a day
- 2) Weekly housekeeping and laundry
- 3) Medication Administration
- 4) Minimal assistance with bathing and dressing.

In addition to the above services, staff also are able to provide additional care and services to private pay residents on our extended care unit; some of which include incontinent care management, full bathing and dressing, assistance with personal hygiene and grooming, and escorts to meals and activities.

In order for residents to reside at our community; residents must:

- 1) Be able to perform activities of daily living with the assistance provided
- 2) Be willing to accept the necessary assistance from staff

In order for us to schedule a pre-admission assessment of your patient, we are requesting that you complete and return the attached physician evaluation including signed and dated physicians orders. Please fax the completed physician's evaluation to us at (303) 347-3064.

If you should have any questions please feel free to contact me at (303) 347-9755.

Sincerely,

Emma Mallory, RN
Executive Director

