



ROYALE
CARE, INC.

Dear AFC Family Caregiver:

In order to submit the information for Clinical Eligibility, I would like to ask your assistance in this important matter to expedite the process.

The Physicians Summary Form (PSF) must be completed and returned to us as soon as possible. Please make certain all items on the list below are completed.

- **Please bring the Physician Summary Form to your family member's Physician**
- **Ask the physician to complete the form.**
- **At a minimum, we will need the following information completed on the form**
 1. **Diagnoses (List can be attached)**
 2. **Medications or list of medications (List can be attached)**
 3. **Allergies**
 4. **Date of last Physical Exam (must be within one year)**
 5. **Date of last office visit (must be within the last 3 months)**
 6. **Physician's Signature**
- **Please get a copy of the last History & Physical**
- **Please review the form before leaving the physician's office**

Once the form has been completed, *please mail or fax to your Branch Office; the correct office is highlighted on the last page of this information packet.*

I appreciate your assistance with this, as it will help to expedite the process to get clinical approval for your family member to be enrolled in this program.

Sincerely,

Program Manager
Royale Care AFC Program