

LONE WOLF COLONY, INC.
23200 BEAR VALLEY RD.,
APPLE VALLEY, CA 92308-7431

760-247-7878

MEDICAL STAY REGISTRATION

**When submitting this Medical Stay Registration you must attach an Original from the Doctor's prescription pad stating the Doctor recommends recuperative stay at Lone Wolf Colony, Inc.
The maximum stay is (14) fourteen days per year.**

NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____ ZIP _____

WHERE EMPLOYEED _____ RETIRED _____

E-MAIL ADDRESS _____

DIAGNOSIS OF ILLNESS _____

DOCTOR'S NAME _____ TELEPHONE _____

DOCTOR'S ADDRESS _____

CITY _____ ZIP _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE _____

DATE ARRIVED _____ DATE DEPARTED _____

MEDICAL STAY _____ DATE _____

LWC MANAGER _____ DATE _____