

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 \_\_\_\_\_