**TEMPLATES FOR DOVE HEALTHCARE DESIGNATED EMAIL SIGNATURES**

## Please Note:

### If you **don’t** have a Dove Healthcare issued cell phone, delete from the template

* + cell: xxx-xxx-xxxx *Please do not put your personal cell phone.*

### **Have a desk / office phone?:** The first number listed should be the 10 digit direct dial number at your desk phone. If you don’t have a 10 digit direct dial, then use the “backdoor number” of your location followed by your ext.

* **No Office / direct dial number?:** The first phone number listed should be the main phone number at your location (as shown in template below)

### If you **don’t** have credentials, delete **, RN** from the template

* To correctly copy the signature below into Outlook or OWA, drag your cursor from the J in Jane, all the way down to under the logo Dove Healthcare.

# Dove Healthcare – Barron Assisted Living

**Jane Smith, RN** Nurse Case Manager Dove Healthcare – Barron Assisted Living



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# Dove Healthcare – Bloomer

**Jane Smith, RN** Nurse Case Manager Dove Healthcare - Bloomer



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# Dove Healthcare – Bloomer Assisted Living

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# Dove Healthcare – Osseo Assisted Living

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# Dove Healthcare – Orchard Hills Assisted Living

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**Jane Smith, RN** Nurse Case Manager Dove Healthcare – Rice Lake

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# Dove Healthcare – Rutledge Home

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# Dove Healthcare – South Eau Claire

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# Dove Healthcare – West Eau Claire

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# Dove Healthcare – Regional Vent Center

**Jane Smith, RN** Nurse Case Manager Dove Healthcare – Regional Vent Center



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2815 County Hwy I • Chippewa Falls, WI 54729 • [dovehealthcare.com](http://www.dovehealthcare.com/)



**Employees that work for ALL locations *OR* 3 or more locations:**

## \*\*Your address should be the Dove Healthcare location of your primary office / where you pick up mail.

**Jane Smith, RN** Nurse Case Manager Dove Healthcare



**xxx-xxx-xxxx** • cell: xxx-xxx-xxxx • fax: xxx-xxx-xxxxx

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**EMPLOYEES THAT WORK FOR 2 LOCATIONS:**

**Jane Smith, RN** Administrator

Dove Healthcare – Rice Lake and Barron Assisted Living



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