

Date \_\_\_\_\_

# Health Information Fax Cover Sheet

**From** (Sender): \_\_\_\_\_

Fax# (Sender): \_\_\_\_\_

Phone# (Sender): \_\_\_\_\_

**To** (Recipient): \_\_\_\_\_

Fax# (Recipient): \_\_\_\_\_

Cover sheet plus \_\_\_\_\_ pages.

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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