

# Medical Facsimile Cover Sheet

Date \_\_\_\_\_

TO

|       |  |
|-------|--|
| Name  |  |
| Phone |  |
| Fax   |  |

FROM

|           |  |
|-----------|--|
| Name      |  |
| Signature |  |
| Phone     |  |
| Fax       |  |

|                          |  |
|--------------------------|--|
| Patient Name             |  |
| Identifier               |  |
| Medical Record<br>Number |  |

|                       |  |
|-----------------------|--|
| Reason For<br>Release |  |
|-----------------------|--|

|                         |  |
|-------------------------|--|
| Information<br>Released |  |
|-------------------------|--|

Total Pages \_\_\_\_\_

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