FAX Cover Sheet

TO		FROM	
Name:	Medical Records Dept.	**Name:**	Maria Lopez
Company:	Northside Family Clinic	**Company:**	(Patient)
Fax:	(555) 019-4410	**Fax:**	(555) 012-7781
Phone:	(555) 019-4400	**Phone:**	(555) 012-7700
Date:	11/11/2026	**Pages:**	2 (including this cover sheet)

Re: Request for my medical records, DOB 03/14/1985

☐ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ For Your Records

Comments:

Please send copies of my visit notes and lab results from January to October 2026. My signed release form is attached.

Please call me at (555) 012-7700 when they are ready.
Thank you, Maria Lopez

CONFIDENTIALITY NOTICE: This fax may contain confidential information intended only for the person or office named above. If you received it in error, please call the sender right away and destroy all copies. Any review, use or sharing by anyone else is not allowed.