

Medical Facsimile Cover Sheet

Date: _____

TO

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

FROM

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

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|-----------------------|--|
| Patient Name | |
| Identifier | |
| Medical Record Number | |

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|--------------------|--|
| Reason For Release | |
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| Information Released | |
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Total Pages _____

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