MEDICAL FACSIMILE COVER SHEET

(For Transmission of Individually-Identifiable, Confidential Medical Record Information)

NATIONAL INSTITUTES OF HEALTH

**Institute**:

**Building**: **Room**:

**10 Center Drive MSC**

**Bethesda, MD 20892**-

**Telephone**: **FAX Number**:

**TO**: **FROM**:

Name and Signature of Person Sending FAX

Phone Number: Phone Number:

Fax Number:

Name of Credentialed Staff Member Authorizing Release

(If Different From Sender)

Number of Pages: Patient Name:

(Including Facsimile Cover Sheet):

Date Transmitted: CC Medical Record #:

REASON FOR RELEASE (Select One):

⃝ Patient Signed Consent ⃝ Published Routine Use

⃝ Emergent Medical Care (Select One of the Routine Uses Below)

ROUTINE USES (Select One):

⃝ Physician/Organization Identified by Patient in MIS to Receive Reports ⃝ Patient Transfer

⃝ Medical Consultants ⃝ Travel Arrangements

⃝ Social Work Department Arrangement ⃝ For Continued Patient Care

INFORMATION RELEASED (Select All That Apply):

Date Range of Materials Released: from to

⃝ Dictated Reports ⃝ Progress Notes ⃝ Consultations ⃝ Flow Sheets

⃝ Radiation Therapy ⃝ Tissue Reports ⃝ Measurements ⃝ Nuclear Medicine

⃝ Heart Diagnostic ⃝ Rehabilitation ⃝ Radiology ⃝ Lab Results

⃝ Other

**Forward Completed Fax Cover Sheet for Filing to:**

**Medicolegal Section, Medical Record Department, Building 23, Room 322, Phone: (123) 456-7890**

**Confidentiality Statement**:

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**Patient Identification**:

**Medical Facsimile Cover Sheet**

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File in Section 4: Correspondence