
MEDICAL FACSIMILE COVER SHEET

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

NATIONAL INSTITUTES OF HEALTH

Institute: _____

Building: _____

10 Center Drive MSC

Bethesda, MD 20892-

Telephone: _____

TO: _____

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Room: _____

FAX Number: _____

FROM: _____

Name and Signature of Person Sending FAX

Phone Number: _____

Name of Credentialed Staff Member Authorizing Release
(If Different From Sender)

Patient Name: _____

Number of Pages: _____

(Including Facsimile Cover Sheet): _____

Date Transmitted: _____

CC Medical Record #: _____

REASON FOR RELEASE (Select One):

Patient Signed Consent

Emergent Medical Care

Published Routine Use

(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