

Medical Facsimile Cover Sheet

Total pages _____

TO

FROM

Name	
Fax	
Phone	

Name	
Fax	
Phone	

Patient Name	
Medical Record Number	

Reason for release	
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Information released	
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**IF YOU RECEIVE THIS FAX IN ERROR, PLEASE CONTACT THE SENDER IMMEDIATELY
AND THEN DESTROY THE FACSIMILE MATERIALS.**

CONFIDENTIALITY NOTICE:

The information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. Health Care Information is personal and sensitive and should only be read by authorized individuals. Failure to maintain confidentiality is subject to penalties under state and federal law.