Medical Facsimile Cover Sheet

| | TO | |
|--|------|--|
| Name | | |
| Phone | | |
| Fax | | |
| | FROM | |
| Name | | |
| Signature | | |
| Phone | | |
| Fax | | |
| Patient Name Identifier Medical Record Number | | |
| Reason For Release | | |
| Information Released | | |

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