

FAX

Date: _____

To: _____

Facility: _____

Fax: _____

From: _____

Phone: _____

Pages: _____

My Information:

Name: _____

DOB: _____

Reason for Fax:

Medical Records Request

Appointment Related

Test Results Query

Other: _____

Message:

CONFIDENTIALITY AND PRIVILEGE NOTICE: This fax contains my personal health information. It is intended only for the use of the individual or entity named above. If you are not the intended recipient, please notify me immediately at the phone number listed above and destroy this fax. Thank you for protecting my privacy.