

# FAX

Date: \_\_\_\_\_

Time: \_\_\_\_\_

To: \_\_\_\_\_

Facility: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

From: \_\_\_\_\_

Organization: \_\_\_\_\_

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

Pages: \_\_\_\_\_

## Patient Information:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

MRN: \_\_\_\_\_

## Message:

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