

# FAX

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

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

Dental Office: \_\_\_\_\_

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

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

Dental Office: \_\_\_\_\_

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

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

## Patient Information:

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

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

Dental Records

X-Rays

Treatment Plan

Insurance Information

## Message:

\_\_\_\_\_

This fax contains confidential dental health information protected under HIPAA. If you are not the intended recipient, please destroy immediately.