

# CONFIDENTIAL HEALTH INFORMATION

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

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

**To:**

Recipient's Name: \_\_\_\_\_

Healthcare Recipient Facility: \_\_\_\_\_

Recipient's Fax Number: \_\_\_\_\_

Recipient's Phone Number: \_\_\_\_\_

**From:**

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

Sender Healthcare Facility: \_\_\_\_\_

Sender Fax Number: \_\_\_\_\_

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Number of pages including cover sheet. Total Pages: \_\_\_\_\_

Patients Full Name: \_\_\_\_\_

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

Patient's Medical Record Number: \_\_\_\_\_

**Subject:**

Brief Subject Line: \_\_\_\_\_

Message:

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