

FAX

Date: _____

To: _____

Facility: _____

Fax: _____

From: _____

Phone: _____

Pages: _____

My Information:

Name: _____

DOB: _____

Reason for Contact:

Health Status Update

New Symptoms

Medication Effects

Follow-up on Last Visit

Questions about Treatment Plan

Other: _____

Message:

Preferred Response Method:

Routine

Email

During Next Appointment

CONFIDENTIALITY AND PRIVILEGE NOTICE: This fax contains my personal health information and is protected under HIPAA. It is intended only for my healthcare provider named above. If you are not the intended recipient, please notify me immediately at the phone number listed and securely destroy this document. Unauthorized use or disclosure of this information is prohibited. Thank you for protecting my medical privacy.