

FAX

Date: _____

To: _____

Facility: _____

Fax: _____

From: _____

Phone: _____

Pages: _____

My Information:

Name: _____

DOB: _____

Referral Request:

Specialty Needed: _____

Reason for Referral: _____

Urgency:

Routine

Urgent - Please respond within 24 hours

Message:

PRIVACY 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 contact me immediately at the phone number listed and destroy this fax. Thank you for respecting my medical privacy.