

FAX

Date: _____

To: _____

Pediatric Facility: _____

Fax: _____

From: _____

Pediatric Facility: _____

Fax: _____

Pages: _____

Patient Information:

Name: _____

DOB: _____

Age: _____

Parent/Guardian: _____

HIPAA-Protected Information

Immunization Records

Growth Charts

Developmental Screening

Message:

This fax contains confidential pediatric health information. If you are not the intended recipient, please destroy immediately and notify the sender.