

**– Your Logo –**

**FAX**

**Date:**

**Subject**

Write your subject line here.

 **To**

**Message**

Write your message here.

**Recipient Name Recipient Company Recipient Fax Number**

 **From**

**Your Name Your Company**

**Your Fax Number**


## **Date:**



**– Your Logo –**

**Medical Facsimile Cover Sheet**

#  **To**

**Information Released:**

**Reason for Release:**

**Patient Name: Identifier:**

**Medical Record Number:**

**Medical**

## **Name:**

**Phone:**

**Fax:**

 **From**

**Name: Signature: Phone: Fax:**

**Total Pages:**

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**– Your Logo – FAX**

**Date:**

 **To**

**Name:**

**Phone:**

**Fax:**

**Pages:**

**Re:**

 **From**

**Name:**

**Phone:**

**Fax:**

**– CONFIDENTIAL –**

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