FAX

Referral routing cover

Route referral paperwork to the right clinician or department.

TO

Recipient name or attention

Recipient organization

Recipient department (optional)

Recipient fax number

Recipient phone (optional)

Date

FROM

Sender name

Sender organization

Sender department (optional)

Sender fax number (optional)

Sender callback number

Total pages, including cover

Purpose or subject

Reference (optional)

Referring provider

☐ Confidential ☐ Urgent ☐ Please reply

Message (optional)

Confidentiality notice

This fax may contain confidential health information and is intended only for the recipient named above. If you received it in error, please call the sender using the number above and follow their instructions. Do not use, copy or share its contents.

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