### Fax Transmission Form

**(419)-213-XXXX**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_ No. of Pages (including cover)**

**\_\_\_\_\_\_\_\_ Confidential**

**\_\_\_\_\_\_\_\_ Urgent – Please deliver immediately**

**If fax is received incomplete, please call (419) 213-YYYY**

|  |  |  |
| --- | --- | --- |
| **To:** |  | |
| **From:** |  | |
| **Phone:** |  | |
| **Fax #:** |  | |
|  | | |
| **Message:** | |  |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |

This fax transmission may contain confidential patient health information. This information is intended only for the use of the individual named above. The authorized recipient of this information is prohibited by law from disclosing this information to any other party unless required to do so by law and is required to destroy the information after its stated need is fulfilled. If you have received this information in error please call the sender at the number above.