

# HOSPITAL FAX COVER SHEET



**To:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Phone:**

**Pages:**

**Date:**

Comments:

**Message:**

**CONFIDENTIAL:** The information contained in this facsimile message is a client privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message IS NOT the intended recipient, you are hereby notified that any dissemination distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via the US Postal Service. Thank you.