

MEDICAL RECORDS

Requesting Provider:

National Provider Identifier

(NPI): Fax Number:

Phone Number:

Number of

Pages: Date:

Recipient:

Fax Number:

Reference

Number: Patient

Name: Date of

Birth: Policy

Number:

Requested Records:

Message:

This fax cover sheet and the documents accompanying this fax transmission may contain confidential information belonging to the sender that is legally privileged. The information is intended only for the use of the individual or entity named above as recipient. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on or regarding the contents of this