Fax Cover Letter

[Name of Health Care Provider ]
[Address]
[City, state, zip code]
[Telephone number]
[Facsimile number]

Date;
Time:
Number of Pages Including Cover:

Recipient Information
To: [Name of Authorized Receiver]

[Name of Authorized Receiver's Facility or Practice]

Telephone: ___________________________ Fax: ___________________________

Sender Information
From: [Name of Sender]

[Name of Health Care Provider or personnel] sending fax:

Comments: ____________________________________________________________

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