FACSIMILE COVER LETTER

[ sending facility name ]
[ address ]
[ city, state, zip code ]
[ telephone number ]
[ facsimile number ]

DATE: _______________ TIME: ______________ NO. OF PAGES: ________

TO: ______________________________________________________________
    ( name of authorized receiver )

__________________________________________________________________
    ( name of authorized receiver's facility )

TELEPHONE: ______________________ FAX: _____________________
    ( of receiver )       ( of receiver )

FROM: ____________________________________________________________
    ( name of sender )

TELEPHONE: ______________________ FAX: _____________________
    ( of sender )       ( of sender )

COMMENTS:

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Letter for Mis directed Fax
FACSIMILE COVER LETTER

[sending facility name]
[address]
[city, state, zip code]
[telephone number]
[facsimile number]

DATE: _______________  TIME:____________  NO. OF PAGES: _______

TO: Recipient at ______________________
    (fax number)

FROM: _____________________________________________________
      (name of sender)

TELEPHONE:_____________________  FAX: ___________________
      (of sender)      (of sender)

COMMENTS:
We believe that information on one of our patients was transmitted to you in error. This is confidential information, belonging to [name of sender] that is legally privileged. Please return these documents to us immediately by mail. Thank you.

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