

***MEDICAL FACSIMILE COVER SHEET***

(For Transmission of Individually-Identifiable, Confidential Medical Record Information)

# Institute:

**NATIONAL INSTITUTES OF HEALTH**

# Building: Room:

**10 Center Drive MSC- Bethesda, MD 20892-**

# Telephone: FAX Number:

**TO:**

## Phone Number: Fax Number:

Number of Pages:

# FROM:

Name and Signature of Person Sending FAX

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### Name of Credentialed Staff Member Authorizing Release (If Different From Sender)

(Including Facsimile Cover Sheet): Patient Name:

## Date Transmitted: CC Medical Record #:

# REASON FOR RELEASE (Select One):

## Patient Signed Consent Published Routine Use

Emergent Medical Care (Select One of the Routine Uses Below)

# ROUTINE USES (Select One):

Physician/Organization Identified by Patient in MIS to Receive Reports Patient Transfer Medical Consultants Travel Arrangements Social Work Department Arrangement For Continued Patient Care

# INFORMATION RELEASED (Select All That Apply):

**Date Range of Materials Released: from to**

|  |  |  |  |
| --- | --- | --- | --- |
| Dictated Reports | Progress Notes | Consultations | Flow Sheets |
| Radiation Therapy | Tissue Reports | Measurements | Nuclear Medicine |
| Heart Diagnostic | Rehabilitation | Radiology | Lab Results |

## Other

**Forward Completed Fax Cover Sheet for Filing to:**

**Medicolegal Section, Medical Record Department, Building 10, Room 1N216, Phone: (301) 496-3331**

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### Patient Identification Medical Facsimile Cover Sheet NIH-2781 (02-01)

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