



**South Cove Community Health Center**

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# Fax

TO: \_\_\_\_\_ FROM: Medical Records Department

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FAX: \_\_\_\_\_ PAGES: \_\_\_\_\_ (Including this cover sheet)

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PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

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RE: \_\_\_\_\_

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**PLEASE LIST SPECIFIC DOCUMENTS FAXED.**

- Medical Summary \_\_\_\_\_
- PE/Progress Notes \_\_\_\_\_
- Vaccination Record \_\_\_\_\_
- Lab/Tests \_\_\_\_\_
- Imaging/Imaging Reports: \_\_\_\_\_
- Others \_\_\_\_\_

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**Comments:**

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