MEDICAL FACSIMILE COVER SHEET

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

NATIONAL INSTITUTES OF HEALTH

Institute:
Building: **Room:**
10 Center Drive MSC-
Bethesda, MD 20892-
Telephone: **FAX Number:**

TO: _____   **FROM:** _____

Name and Signature of Person Sending FAX

Phone Number: _____   Phone Number: (301) _____

Fax Number: _____

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

Number of Pages:
(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

Patient Identification	Medical Facsimile Cover Sheet
	NIH-2781 (02-01)
	P.A. 09-25-0099
	File in Section 4: Correspondence