



MEDICAL FACSIMILE COVER SHEET

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

NATIONAL INSTITUTES OF HEALTH

Institute:
Building:
10 Center Drive MSC-
Bethesda, MD 20892-
Telephone:

Room:

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):

- | | |
|---|--|
| <input type="checkbox"/> Patient Signed Consent | <input type="checkbox"/> Published Routine Use |
| <input type="checkbox"/> Emergent Medical Care | (Select One of the Routine Uses Below) |

ROUTINE USES (Select One):

- | | |
|---|---|
| <input type="checkbox"/> Physician/Organization Identified by Patient in MIS to Receive Reports | <input type="checkbox"/> Patient Transfer |
| <input type="checkbox"/> Medical Consultants | <input type="checkbox"/> Travel Arrangements |
| <input type="checkbox"/> For Continued Patient Care | <input type="checkbox"/> Social Work Department Arrangement |

INFORMATION RELEASED (Select All That Apply):

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

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Dictated Reports | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Consultations | <input type="checkbox"/> Flow Sheets |
| <input type="checkbox"/> Radiation Therapy | <input type="checkbox"/> Tissue Reports | <input type="checkbox"/> Measurements | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Heart Diagnostic | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Radiology | <input type="checkbox"/> Lab Results |
| <input type="checkbox"/> Other _____ | | | |

Forward Completed Fax Cover Sheet for Filing to:
Medicolegal Section, Medical Record Department, Building 10, Room 1N216, Phone: (301) 496-3331

Confidentiality Statement:

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Patient Identification

Medical Facsimile Cover Sheet
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