CONFIDENTIAL FAX

TO _____

FAX _____

FROM _____

PRACTICE _____

PHONE _____

OUR FAX _____

DATE _____

PAGES (INCL. COVER) _____

RE _____

ENCLOSED

☐ Plan of care ☐ Progress notes ☐ Referral or prescription

☐ Insurance information

MESSAGE

CONFIDENTIALITY NOTICE: This fax may contain protected health information that is confidential under federal and state law, including HIPAA. It is intended only for the recipient named above. If you are not the intended recipient, any review, disclosure, copying, distribution or use of this information is prohibited. If you received this fax in error, please notify the sender immediately at the phone number above and destroy all copies.

Free fax cover sheet from FaxDash™ · faxdash.io · © 2026 Agentic X Lab · FD-HC-PT-v1