

# PREScription HIPAA FAX COVER SHEET

Recipient Name & Organization Phone Number Fax Number	
Sender Name & Organization Phone Number Fax Number	
Date & Time of Transmission Subject Number of Pages	
Patient's full name Patient's date of birth	
Medication(s) prescribed Dosage and instructions	
Prescribing physician's name Physician contact number Pharmacy name Pharmacy contact number	
Notes/Message:	

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