

Geetha M. Reddy M.D.
1880 W. Winchester Rd., Suite 207
Libertyville, IL 60048

Phone: 847 816 3703

Fax: 847 816 4534

CONFIDENTIAL HEALTH INFORMATION FAX COVER SHEET
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To: Dr. Mohina Gupta Medical Records Dept From: Dr. Reddy

Fax: (847) 281-8906 Pages:

Phone: (847) 281-8902 Date:

Re: CC:

☐ Urgent ☐ for Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

We would like to request that you please forward patient information on the recent referral

Patient Name: _____ DOB: _____

The patient has made an appointment to see Geetha M Reddy, MD on _____ at _____

We are requesting:

- ☐ lab work results within last 6 months (lipid, BMP, CMP)
- ☐ EKG or Echocardiogram if any done
- ☐ Stress Tests or Stress Echo's
- ☐ Last doctor progress note
- ☐ Medication list
- ☐ Any cardiac related procedures or other pertinent information

Thank you for your timely response to our request.

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