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<b>CONFIDENTIAL HEALTH INFORMATION FAX COVER SHEET</b>
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To: Medical Record Dept /Jane Luecking MD From: Dr. Reddy

Fax: (847) 362-3797 Pages:

Phone: (847) 362-1393 Date:

Re: CC:

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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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