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CONFIDENTIAL HEALTH INFORMATION FAX COVER SHEET

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To: Medical Record Dept / _____ From: _____

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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 _____

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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