**Health Fax Cover Sheet** 

[Address]

[City], [State]

[ZIP code]

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To:** | [Recipient Name] | | | |  | **Fax:** | [Recipient Fax Number] | | |
| **From:** | [Your Name] | | | |  | **Date:** | [Pick the Date] | | |
| **Re:** | [Subject] | | | |  | **Pages:** | [Number of Pages] | | |
| **Cc:** | [Mention Names] | | | |  | **Phone:** | [Recipient Phone Number] | | |
|  | | |  | |  |  | | |  |
| ◻ For Review | | ◻ Urgent | | ◻ Please Comment | | | ◻ Please Reply | ◻ Please Recycle | |
| Comments [Your Comments here] | | | | | | | | | |