Facsimile



Deliver to: OHSU Telemedicine Network

FAX: 503-418-3746	
Date:	Total Pages (including cover):
From:	
Included with fax:	
Signed OHSU Terms and Conditions of Service	
Signed OHSU Notice of Privacy Practices Acknowledgement	
Patient's face sheet	

- Face sheet is only required if patient is not transferred to OHSU

Confidentiality Statement: The information contained in this FAX message is confidential and protected by law. You should know that the information is intended only for the person or business named on the cover sheet. If you share or copy the information you are breaking the law. If you have received this FAX by mistake, please notify the sender of the FAX by the telephone number listed on this sheet Please return the original message to the sender at the return address or Campus Mail Code on this page Do not FAX back the information or keep the original.