Facsimile Transmittal

TO: MRI, Mass General Imaging	**FROM:**
DATE:	**PHONE:**
FAX: Mass General Imaging MR FAX *617-724-1977*	**FAX:**
PHONE: *617-724-4226*	**NUMBER OF PAGES:**

RE: Patient Information for scheduling an appointment for non-urgent Imaging with Anesthesia.

☐ **For Review**	☐ **Please Comment**	☐ **Please Reply**

When is this exam needed? Please provide a **Date Range for Appointment:**

Comments: *(Please provide name of responsible adult if patient unable to provide scheduling information.)*
Please note: This information will be scanned into the patient's EMR.

CONFIDENTIAL

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