Facsimile Transmittal

TO: MGH MR, Boston	**FROM:**
DATE:	**PHONE:**
FAX: MGH 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.	
When is this exam needed? Please provide a **Date Range for Appointment:**	

Please provide the name of a responsible adult if patient is unable to provide scheduling information.

_____

Will this patient require special accommodations? Yes No (circle one)

Comments:

Please note: *This information will be scanned into the patient's electronic medical record (EMR).*

CONFIDENTIAL

Note: The document(s) accompanying this coversheet may contain confidential patient information belonging to the sender that is legally privileged. The information transmitted in this electronic communication is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited.

If you received this information in error, please contact the sender at contact number listed above and properly dispose of this information.