Medical fax cover sheet sample

SAMPLE | Fictional details for illustration only

Date	8 October 2026
To / department	Lakeside Clinic / Records
Recipient fax number	+1 202-555-0100 (fictional)
From / organization	J Rivera
Callback phone	+1 202-555-0101 (fictional)
Reply email	_____
Return fax number (optional)	_____
Total pages including cover	4
Subject / RE	Records request

Message / routing instructions

Please route the attached authorization to the records department.

Confidentiality notice

This fax may contain protected health information intended only for the named recipient. If you received it in error, notify the sender by telephone and destroy all copies. Keep medical details off the cover page. A notice does not establish HIPAA compliance.

SAMPLE