

# FAX TRANSMITTAL FORM

David Lassiter, MD  
100 Main Street  
Yellow Park, Florida 32746  
(441) 555-1212

## FAX TRANSMITTAL COVER SHEET CONFIDENTIAL

Date \_\_\_\_\_  
Time \_\_\_\_\_  
To \_\_\_\_\_  
Office/Facility \_\_\_\_\_  
Fax number \_\_\_\_\_  
From \_\_\_\_\_  
Total number of pages (including cover) \_\_\_\_\_

### **IMPORTANT:**

The information contained in this transmission is doctor-privileged and confidential. It is intended only for the use of the individual or entity to which it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please immediately notify us by telephone and return this original communication received to the above address by U.S. Postal Service.

If any pages are illegible or transmission is incomplete, please call (441) 555-1212