



WESLEY
Medical Center

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PHYSICIAN OFFICE: _____

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INSTRUCTIONS:

1. Please send this cover sheet with all faxed information.
2. Please complete all applicable categories.
3. For efficient/accurate processing – One fax cover sheet per patient.
4. Identify each sheet of information with the patient's name - to reduce medical-legal risk.

PATIENT'S FULL LEGAL NAME: _____
(Please Print Legibly)

DATE OF SERVICE: _____ / _____ / _____ **SSN#:** _____ - _____ - _____

DATE OF BIRTH: / / **EDC for OB pts:** / /

Level of Care: ☐ Inpatient ☐ Outpatient Procedure ☐ Outpatient with
Observation services
For _____
(not applicable for Surgeries)

Patient: ☐ Adult ☐ Pediatric (under 18 years old)

Type of Service: ☐ Surgery ☐ Medical

☐ Admit day of

☐ Admit prior to day of ☐ Obstetrics

☐ Testing and/or Procedures

Ex : Lab, X-ray, Ekg, POA

☐ Recurring

Ex : Infusion, Wound Care, PT, OT

☐ Cardiac Procedures-outpatient

Ex : Heart Caths, EP

☐ Other

5. Obtain confirmation from your fax machine.
6. Contact Fax Server Help Line at 962-7234 for assistance.
7. Obtain additional fax server coversheets from the Help Line.

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