The Postpartum Den

HIPAA-Compliant Fax Cover Sheet

TO:	The Postpartum Den — Intake Team
FAX:	(629) 666-6638
PHONE:	(615) 505-4221
DATE:	_____
FROM (Provider):	_____
CLINIC / PRACTICE:	_____
CALLBACK PHONE:	_____
NUMBER OF PAGES (incl. cover):	_____
RE (Patient initials only):	_____

Clinical Summary / Reason for Referral

_____

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Referral Checklist (please include with fax)

- ■ Patient demographics & insurance information
- ■ Brief clinical summary / reason for referral
- ■ Relevant medication list and recent notes
- ■ Best callback number for referring provider

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