

**FROM:**  
**PHYSICIAN OFFICE:** \_\_\_\_\_

**FAXED BY:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**NUMBER OF PAGES:** \_\_\_\_\_  
(Following this sheet)

**TO:**  
**FAX SERVER**  
**FAX: (316) 962-7827**  
**PHONE: (316)962-7234**

**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                           Recurring  
Ex : Lab, X-ray, Ekg, POA                                  Ex : Infusion, Wound Care, PT, OT

Cardiac Procedures-outpatient                       Other \_\_\_\_\_  
Ex : Heart Caths, EP

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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