

Fax this to our secure consult fax: (978) 367-8218

Apply the patient's sticker or fill in below:

Requesting Hospital:	
Floor/Bed:	
Patient's Name:	
Reason For Consult:	

CONFIDENTIALITY NOTICE:

The information contained within these pages is intended solely for the use of the individuals above. If you are not the designated recipient, you are hereby notified that the review dissemination, or copying of this information is prohibited.