

S U R G I C A L S P E C I A L I S T S O F S P O K A N E

FACSIMILE TRANSMITTAL SHEET

TO: Surgical Specialists of Spokane - Scheduling
FROM:
COMPANY: DATE:
FAX NUMBER: 838-0824 FAX NUMBER:
PHONE NUMBER: 747-6194 PHONE NUMBER:
RE: Wound Care Patient Paperwork TOTAL# OF PAGES INCLUDING COVER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

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NOTES/COMMENTS:

Please fax back to us within 48 hours of receipt:

1) Wound Care Patient Information Profile

2) Medication List

3) Current H & P

4) Advance Beneficiary Notice

Thank you!

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