 **FAX TRANSMITTAL**

**Site Location and Address** Choose an item.**:**

## RETURN FAX #:

|  |  |
| --- | --- |
| TO: | FROM: |
| COMPANY: | COMPANY: |
| PHONE: | PHONE: |
| FAX: | DATE: |
| CC: | PAGES (INCLUDING COVERSHEET): |

1st Request Staff Name:       Date:

2nd Request Staff Name:       Date:

3rd Request Staff Name:       Date:

Physical Therapy Progress Note / Plan of Care

PATIENT:       DOB:

\*\*\*NOTE: Patient has upcoming appointments!

Please review & sign the accompanied *Progress Note* or *Plan of Care* and

fax back**.**

If you have any questions, please do not hesitate to give our office a call.

Thank you!