

Four Peaks Surgery Center  
9425 W Bell Rd   
Sun City AZ, 85351  
*ph*: 623-399-6880  
*fax*: 623-322-1504

**Fax urgency**

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| --- | --- | --- | --- |
| To: | **MEDICAL RECORDS/Dr. drName** | From: | Zackery H./Franchesca G. |
| Fax: | fNumber | Pages: | numberOfPages |
| Phone: | pNumber | Date: | dateOfFax |
| Re: | Med Records | ATTN: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **XX** | | Urgent | |  | | --- | |  | | For Review | |  | | --- | |  | | Please Comment | |  | | --- | |  | | Please Reply | |  | | --- | |  | | Please Recycle |

Comments:

|  |  |  |
| --- | --- | --- |
| **Patient:**  ptName | **DOB:**  dateOfBirth | |
| **Procedure:**  procedureName | | |
| **Date of Surgery:** procedureDate | | **Provider/Surgeon:** Dr. anesthesiologistName | |

**Please fax last office visit notes and any labs/testing, ECHO, EKG, STRESS available**

**PLEASE NOTE THIS SURGERY IS UNDER MAC (MONITORED) ANESTHESIA**

**FOR PATIENTS ON BLOOD THINNERS, PLEASE INCLUDE WHEN TO STOP FOR THE PROCEDURE**

Please call 623-399-6880 if you have any questions.

FPSC

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