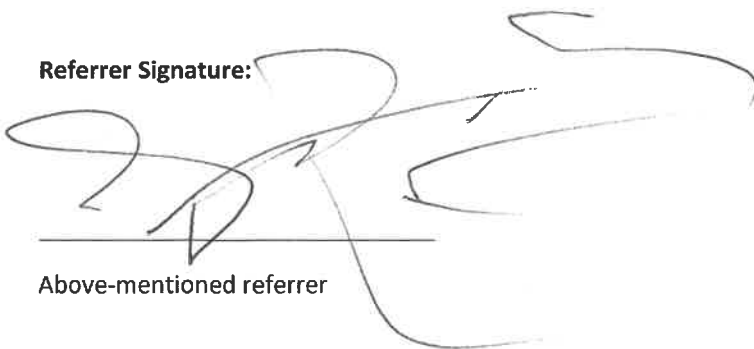# REFERRAL COVERSHEET

CONTOSO MED

Please read the instructions carefully

Please use this coversheet when faxing a new referral, updating an existing (previously sent) referral or providing requested/missing information (e.g. results) to an existing referral. Faxes without a coversheet will be returned unactioned. Please fill this form in on a computer or use clear text.

Type of Referral NEW REFERRAL: ☒ UPDATE TO EXISTING: ☐ PROVIDING REQUESTED/MISSING INFORMATION TO EXISTING REFERRAL: ☒	**Referred-to Service Name:** *JEREMY SERVICE* **Location of Service (e.g. Example City):** *NODWOC.*
To/recipient (where applicable include named specialist if known): *UNKNOWN*	**Recipient Fax No:** *N/A* **Number of pages (excluding coversheet):** *15*
Patient First Name: *JORGE*	**Patient Last Name:** *Lorenzo*
Patient DOB (dd/mm/yyyy): *05/06/2001*	**Patient Sex:** MALE ☐ FEMALE ☐ OTHER ☒
Patient Medical Number: *000 35 2672371*	**Referral ID (if provided, for updates/additional info to previously sent):**
Referrer First Name: *FRANCOIS*	**Referrer Last Name:** *Umloet*
Referrer Provider Number: *8080028*	**Referrer Practice Name:** *MY PRACTICE MC BOAT.*
Patients preferred and consented (from GP system) contact method – tick all that apply. We may text or leave voicemail where required: SMS ☐ Phone/voicemail ☒ Post ☒ Email ☐	**Patient mobile number:** 42393563 **Patient home number:** **Patient email:** *BILLGATES@MSN.COM*

Thank you for your cooperation in ensuring all fields of this document are filled out correctly. Please sign below.

Referrer Signature:

Above-mentioned referrer

This is a fictitious document; it is not a valid referral form and merely acts as a sample to demonstrate the capabilities of Azure Form Recognizer during training and training of a custom form model.