

## fax cover sheet

## ONE COVER SHEET PER CLIENT - UPPERCASE ONLY

	•														
Provider Information											Number of Pages: (Including Cover Sheet)				
Name:															
Organiz	ation:														
Phone:			-		-			Return Fax:		-		-			
_															$\dashv$
Client Information															
Last Name:															
First Name:													Gen	der:	
CCS #:						ı		Date of			-	-			
Comme	nts:						•								

**Confidentiality Notice:** This fax is intended for the exclusive use of the recipient named above. It contains information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you received this fax in error, please notify the sender immediately. Thank you.

Version 3.1