

[Doctor=s letterhead]

Date: _____ Fax No. _____

Dear Dr. _____, this will introduce _____

who is being referred to you for evaluation and/or treatment as you deem appropriate for his/her condition(s) or potential of

The following will be sent [by mail] [with patient]

This patient needs to be seen by _____. If you have not been able to see or appoint the patient by that date, please contact this office so that we may follow-up with the patient. Unless we hear to the contrary, this letter will confirm that you have agreed to see, treat or evaluate the patient, as you deem necessary and appropriate.

[Doctor=s Name]

THE DOCUMENT BEING FAXED IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW.

IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE AT THE ABOVE ADDRESS VIA THE UNITED STATES POSTAL SERVICE.