



SUNY
DOWNSTATE
 Medical Center

SUNY Downstate Medical Center/ University Hospital of Brooklyn
 450 Clarkson Ave.
 Brooklyn, NY 11203

FACSIMILE COVER PAGE

The enclosed information may contain confidential health information. It is being faxed to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. The recipient is obligated to maintain the information in a secure and confidential manner. Re-disclosure without specific authorization or as required by law is strictly prohibited and is subject to federal penalties.

Recipient Information:

Name of Recipient: _____

Organization/ Department: _____

Telephone #: _____ Fax #: _____

Sender Information:

Name of Sender: _____

Department: _____

Telephone #: _____

Date: _____

Subject: _____

Number of Pages (including cover page): _____

Message: _____

NOTICE:

The information contained in this facsimile message may be confidential and is only for the use of the individual or entity named on this cover sheet. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. In addition, the unintended recipient of this information should dispose the information properly or return it to the sender by US mail.

If this communication has been received in error, the recipient should notify the sender in the Department of _____ at SUNY Downstate Medical Center University Hospital of Brooklyn at 718- 270- _____ immediately.

