

Ologymed: Multispecialty Group
2621 W Horizon Ridge Pkwy, Suite 110
Henderson, NV 89052
P: (725) 220-3863
F: (725) 228-6427



STAT FAX REQUEST

DATE: _____

To: _____

From: _____

Fax: _____

Fax: _____

Phone: _____

Phone: _____

Print Patient Name

Date of Birth

I, _____ allow Ologymed to receive/send any and all
SIGN
information/records including previous/current notes, test results, imaging, labs, etc.

Notes:

The documents accompanying this facsimile transmission contain confidential information belonging to the sender which is privileged. The information is intended only for the use of the individual(s) or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this facsimile information is strictly prohibited. If you have received this facsimile in error, please immediately notify us via telephone at the number above or return original documents to address listed above. Thank you.