



Fax Cover Sheet

From: _____

To: **Methodist AirCare**

Fax: _____

Fax: **210-957-2086**

Phone: _____

Phone: **210-592-8646**

24/7 Emergency Communications Center:
888-402-3811

Date: _____

Patient Name: _____ M F

Age: _____ Date of Birth: _____ Social Security #: _____

Diagnosis: _____

Physician: _____

Location: Telemetry Medical Surgical Status: Observation Inpatient

Insurance: _____

Authorization Number: _____

Name & Number of person issuing authorization:

If faxing Physician Orders, please be sure they include the following:

- ▶ Date & time
- ▶ Diagnosis
- ▶ Physician
- ▶ Location
- ▶ Status
- ▶ Physician's signature

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