



WISEWOMAN FAX COVER SHEET

TO: WISEWOMAN

FROM: _____

FAX: 304.558.7164

FAX: _____

PHONE: 304.558.5388

PHONE: _____

DATE: _____

OF PAGES: _____

SUBJECT: _____

Fax Check List:

Name of Patient(s): _____

CPT Codes will be included in the Batch invoice:

Please make sure these forms are included in your fax.

- | | |
|--|--|
| <input type="checkbox"/> Consent Form | <input type="checkbox"/> Client Screening Form |
| <input type="checkbox"/> Client Enrollment Form | <input type="checkbox"/> Health History Form |
| <input type="checkbox"/> Social Determinants of Health Form | |
| <input type="checkbox"/> Lab results | |
| <input type="checkbox"/> Store CareHalo Number on Patient's phone 888.910.1069 | |

Device given - Blood Pressure Monitor

- Yes
 No