

**FAX
COVER SHEET**



**NORTHEAST
SURGERY CENTER**

State-of-the-Art Care

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Date _____

REFERRAL TO

- Dr. Loreen Ali
- Dr. Christine Hayes
- Dr. Suzanne Freitag
- Dr. Helen Raynham

TO BE SEEN IN THE

- Arlington Office
- Chelmsford Office
- Wellesley Hills Office

Fax: 781.641.4904
Phone: 781.641.4900

Fax: 978.244.2522
Phone: 978.244.0060

Fax: 781.431.0062
Phone: 781.431.0060

REFERRAL FROM

- _____
- _____
- _____
- _____

REFERRING PRACTICE

Practice name _____
Address _____

Phone _____
Fax _____

Patient Name _____ DOB _____ Phone _____

Has patient been notified of results: Yes No

Comments _____

PLEASE ATTACH PATHOLOGY REPORT TO THIS FAX COVER SHEET

