Your Hospital's Logo Here

SLEEP DISORDERS INSTITUTE

HOSPITAL: DePaul Building Street Address City, State Zip

Tel: (202) 555 - 1212 Fax: (202) 555 - 1212

FACSIMILE TRANSMISSION

TO:		
FAX #:		
FROM:		
DATE:	# OF PGS:_	(Including this Sheet)
SUBJECT:		
MEMO:		

ATTENTION

The information contained in this facsimile is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this information is strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone at the number listed below.