



CARO REGION

DATE SENT: _____ TIME: _____

TO: _____ FAX NO: _____

DEPT/COMPANY: _____ PHONE NO: _____

FROM: **McLaren CARO REGION**
Physical Therapy Department
Telephone Number: 989-672-5112
Fax Number: 989-673-3005

SENDER: _____

Number of Pages, Including Transmittal: _____

COMMENTS:

Please sign P.T. Progress Note and fax back at your earliest convenience.

**Thank you,
Physical Therapy Department**

CONFIDENTIALITY NOTICE: The information contained in this facsimile message is privileged and confidential health care information intended for the use of the individual or entity named above. You, the recipient, are obligated to maintain the information in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately at the above telephone number and destroy all documents received. Thank you.