

## Medical Records Cover Sheet

## Please write legibly!

If we don't get this information with your records, it may delay the review.

Date:	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Area Code:	Phone Number:
What state do you live in?	

PLEASE DO NOT FAX MORE THAN 25 PAGES OF RECORDS! We need THREE chart notes about your qualifying condition, as recent as possible. Nothing older than 3 years can be considered.