



Facsimile

Deliver to: OHSU Telemedicine Network

FAX: 503-418-3746

Date: _____ **Total pages (including cover):** _____

From: _____

Included with fax:

____ **Signed OHSU Terms and Conditions of Service**

____ **Signed OHSU Telemedicine Consent Form**

____ **Patient's face sheet**

- Face sheet is only required if patient is not transferred to OHSU

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