

Fax Request Form

To: OrthoNet Fax #: (866) 800-7485

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Fax Date: _____ # of Pages Faxed:_



Instructions:

- Use this form as a Fax Cover Sheet and send all supporting clinical data with this request
- Please ensure that this form is a DIRECT COPY from the MASTER
- Please PRINT, in black ink, one character per box for ALL requested information
- Please completely fill in each circle that represents the corresponding NUMBER entry
- For assistance in completing this form, please call OrthoNet Provider Services at (800) 448-6152

For Inter	nal Office l	Jse Only
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