UR MEDICINE

MEDICINE of THE HIGHEST ORDER

OFFICIAL FAX TRANSMISSION

TO: HEAL COLLABORATIVE

COMPANY/DEPARTMENT: PSYCHIATRY

RE: HEAL REFERRAL

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FAX: (585) 276-1913

PHONE: (585) 275-HEAL

DATE:

☐ **URGENT** ☐ **FOR REVIEW** ☐ **PLEASE COMMENT** ☐ **PLEASE REPLY**

FROM:

UNIT/DEPARTMENT:

FAX:

PHONE:

COMMENTS:

Please provide intake. The client would like to be contacted by:

□ **Phone**

□ **In-patient, nurses station contact:**_____

□ **Other:**_____

* please call if the patient would like to walk-in: **(585) 275-HEAL**