
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/AGENCY :

FAX:

PHONE:

COMMENTS:

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

Phone

Other: _____

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

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