St Luke's

eastern oregon MEDICAL ASSOCIATES

Providing Progressive & Patient-Centered Care

**FAX CONFIDENTIALITY NOTICE**



**Hospital / Department Name:** St. Luke's Eastern Oregon Medical Associates

**Address:** 3950 17th Street **Phone:** 541-523-8017

Baker City, OR 97814 **Fax:** 541-523-1152

**To:** **Fax Number:**

**From:** **Date Faxed:** **Pages:**

**Re:** **MRN #:** **DOB:**

**DX:**

**Comments: Please review referral and contact pt to schedule an appt. Once an apt is made please return the below confirmation of appt. Thanks!**

# Confirmation of Appointment

**Date:** **Time:**

Thank you for agreeing to see this patient. To ensure that our patient's records were received and that an appointment was scheduled we ask you to fax this form back to our office with the date and time of the appointment. If you need any further information from our office, please call the medical records department at 541.523.8017

**PLEASE FAX BACK TO:**

**EASTERN OREGON MEDICAL ASSOCIATES**

**Attn: Medical Records**

**541.523.1152**

**Facsimile Transmittal**