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FAX

TO: _____ FROM: _____

FAX: _____ PAGES: _____

PHONE: _____ DATE: _____

RE: _____ CC: _____

New Patient Fax Checklist

- Patient Demographics
- CT Report
- MRI Report
- Pathology Report
- PSA History Report
- Anesthesia Screening Form (Located on Prostate Laser Center Website)

CT and MRI images are needed for review and may be uploaded on Prostate Laser Center Website

Notes: