



# FAX

<b>To:</b>	360 Behavioral Health <b>CARE NAVIGATION</b>	<b>From:</b>
<b>Fax:</b>	760.691.1189	<b>Sender Fax:</b>
<b>Phone:</b>	833.CARE 4 LIFE (833.227.3454)	<b>Sender Phone:</b>
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<b>Total # of pages including cover:</b>		<b>Today's Date:</b>
<b>Subject:</b>	<b>CONFIDENTIAL FACSIMILE TRANSMITTAL SHEET: REFERRAL</b>	

Please include the following information with your fax:

- Patient Full Name and DOB
- Patient City and State of Residence
- Insurance
- Parent/Guardian Name
- Parent/Guardian Contact Number
- Parent/Guardian Email
- Your Company Name and Contact Information

## NOTES/COMMENTS

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