

University of Toledo Medical Center
Medical Rehabilitation Spine Clinic

Amish R Patel DO, MPH
Interventional spine physician
OUR OFFICE NUMBER: 419-383-4022
OUR FAX: 419-383-3058

This fax may contain sensitive patient information; please handle accordingly.

TO: AMISH R PATEL DO, MPH

FROM: _____

FAX NUMBER: _____ TODAY'S DATE: _____

PATIENT'S NAME: _____

MRN: _____

REFERRING DIAGNOSIS: _____

REFERRING PHYSICIAN NAME: _____

A Fax with the tentative diagnosis and treatment plan will be faxed to your number within 24 hours of the appointment.

Thankyou.

Amish R Patel DO, MPH