

Fax cover sheet. Fax to: 973-972-2825
From an Incoming Coccyx Patient

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To: Patrick M. Foye, M.D., (and staff)
Director, Coccyx Pain Service
Associate Professor of Physical Medicine & Rehabilitation,
UMDNJ: New Jersey Medical School, 90 Bergen Street, DOC-3100, Newark NJ 07103
Phone: 973-972-2802. Fax: 973-972-2825
www.TailboneDoctor.com

From (Patient name, please PRINT): _____

Patient's Fax #: _____

Patient's Phone #: _____

Today's Date: _____ --- _____ -- _____

Re: UPCOMING APPOINTMENT WITH DR. FOYE

If the appointment has already been made, please enter the date: _____ -- _____ -- _____

If the appointment has not yet been made, please call 973-972-2802 for an appointment.

Patients: Please bring the following items to your initial appointment:

- Insurance card(s),
- Identification (driver's license or passport)
- "Questionnaire for Coccyx Patients", fully completed in advance.
- Pain Diagram.
- Copies of any official radiology reports from relevant X-rays, MRI, CT scans, etc.
- Actual images (films or computer CD) from relevant X-rays, MRI, CT scans, etc.

"CONFIDENTIAL" FAX COVER SHEET (If Health information is attached.)

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