



UNIVERSITY of MARYLAND
MEDICAL CENTER

FAX COVER SHEET

To: **Patrice Simmons**

Fax Number: **410-328-5013**

Phone Number: **410-328-3087**

From:

Physician's Office:

Phone Number:

Date:

Number of Pages:

Subject: **EPIC PortfolioMD Request**

This Fax is intended for the recipient indicated above and may be confidential. If you have received this Fax in error, please contact the Sender noted above. Thank you.