



Fax Cover Page

Fax documentation to: (818)827-4755

This cover page is required to insure that your records will be attached correctly.

Name : _____
DOB : _____
Email : _____
Phone : _____

Please fax the following documentation:

1. A clear, enlarged copy of your photo identification issued by the state in which you currently live.
2. Medical records no older than 12 months which clearly document the following:
 - A diagnosis of your chronic condition identified by a licensed physician;
 - Physician's chart notes that verify that your condition still exists and is deemed chronic;
 - A medical history of past treatment and medication prescribed that is consistent with your condition;
 - Documentation of a physical exam less than 12 months old which includes your vital signs;
 - Any other documentation that further substantiates your need for treatment, including MRI reports, CAT scans, or X-ray reports.