

Barbara Sprague, MBA, MSN, RN, NP, ANP-BC, PMHN-BC

◆ *Psychiatric Mental Health Nurse* ◆ *Adult Nurse Practitioner* ◆

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MMJ FAX COVER SHEET:

Date: _____

To: Barbara Sprague, MBA, MSN, RN, NP, ANP-BC, PMHN-BC

Phone: 917-727-0025

Fax: 917-522-9678

Email: MedicalCannabisNP@gmail.com

Patient Name: _____

Patient Phone #: _____

From: _____

Phone: _____

Fax: _____

Email: _____

Attached are Medical Records/Documents of above named patient to the office of Barbara Sprague, MBA, MSN, RN, NP, ANP-BC, PMHN-BC

Please Include:

Progress Notes from Patient Last Visit from Physician or Medical Facility

List of Past Medical Diagnosis

List of Current Medical Diagnosis and Current Medical Complaints

List of Current Medications

List of Known Allergies

If Patient received an MRI, CT Scan, X-Ray, Biopsy or any other diagnostic test pertaining to his qualifying condition, please include those test results as well.

Thank You!

Confidential: *The protected Health Information contained herein is considered to be Highly Confidential. It is intended for the exclusive use of the addressee. It is to be used only to provide specific healthcare services to this patient. Any other use is a violation of the Federal Law (HIPPA).*