



# OF-178 Request FAX

**\*CONFIDENTIAL MEDICAL INFORMATION\***

**Date:** \_\_\_\_\_

**To:** OF-178 Request

**Fax:** (866) 338-6630

**FYI:** This fax number is an e-fax. It will go securely into the OF-178 email profile.

**From:**

**HSQ Coordinator:** \_\_\_\_\_

**HSQ Coordinator's Region/Unit:** \_\_\_\_\_

**HSQ Coordinator's Phone Number:** \_\_\_\_\_

**HSQ Coordinator's Email Address:** \_\_\_\_\_

**Employee's Name:** \_\_\_\_\_

**Employee's Email:** \_\_\_\_\_

**Employee's Phone Number:** \_\_\_\_\_

**Check One:**

**HSQ Attached:** \_\_\_\_\_

**Employee Pending Status for MSP (no attachment required):** \_\_\_\_\_