UPC INC.

RECOVERY NETWORK

Recovery Network Referral **FAX TO: 410-889-4167**

FOR MEDICAL PROVIDERS ONLY

Medical History/HP (history of presenting illness) : _____

_____

Surgical History: _____

Medications/Dose & Frequency: _____

_____

Results of last toxicology: _____

_____

Vitals: _____

SI/HI: _____

_____

Other (health maintenance or follow-up required): _____

_____

21 West 25th Street, Baltimore, MD 21201
Phone: 410-366-1717 Fax: 410-889-4167 Web: www.rnupc.com