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| FAX Company Name Street Address  City, ST ZIP Code  Phone  Website  Fax machine | |  | | --- | | To: UF Behavioral Health Hub  Fax number: 352-627-4161 | | From: Your Name  Fax number: Enter fax number | | Date: Enter date | | Regarding:  UF BH HUB CONSULT REFERRAL | | Phone number for follow-up:  352-265-2252 | |

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| Comments:  Please send an email to Keisha Thornton ([keishathornton@ufl.edu](mailto:keishathornton@ufl.edu)) and copy Kati Breton ([kbreton@ufl.edu](mailto:kbreton@ufl.edu)) to alert them the consult referral packet has been faxed. Do NOT include any PHI in the email. Receipt will be acknowledged within two business days.  Thank you!! |