



**FPPE Patient Contact Log**

Physician's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

			YOUR ROLE – CHECK APPROPRIATE BOX			
Medical Record #	Contact Date	Discharge Date	Attending	Surgeon	Consultant	Hospital Name

Plainview Physicians -- Return by:  
Fax to Medical Staff Office: 516-719-2726, Attn: Jennifer Graff  
Email to: [jgraff@northwell.edu](mailto:jgraff@northwell.edu)

Syosset Physicians – Return by:  
Fax to Quality Management: 516-719-2795  
Email to: [aporcu@northwell.edu](mailto:aporcu@northwell.edu)