



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

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