



**TEST PAGE
 FACSIMILE COVER PAGE**

Facility Name: _____

FAX TO: 732-574-3469 OR 732-574-3926

Thank you for choosing our E.P.I.C. service.

Date: _____

E.P.I.C. utilizes an automated receiving system for fax transmissions.

As part of our start-up InService we request new users to transmit this special TEST PAGE to one of our displayed fax numbers above.

As important as transmitting this TEST PAGE, we also request that your facility provide a little background in case there is a dropped transmission or error in transmission.

Please make copies before filling out the information if your facility has multiple fax machines.

PLEASE PRINT CLEARLY	SENDING FAX NUMBER: _____	Fax Machine Manufacturer: _____
	Sender's Name: _____	Fax Machine Model: _____
	Sender's Call Back Number (if questions): _____	
	Sender's Email Address (if reviews are to be emailed): _____	
	----- Please provide a send back fax number if different than the sending fax number-----	
SEND BACK FAX NUMBER: _____		

IMPORTANT: Please provide a FAX BACK NUMBER so that your facility can receive a confirmation fax in return. In many cases the Sending Fax Number used may not be the fax number where E.P.I.C. reviews are to be sent.

E.P.I.C. InService Test Page