

# FAX

Date : \_\_\_\_\_

Pages : \_\_\_\_\_

Recipient name : \_\_\_\_\_

Recipient number : \_\_\_\_\_

Sender name : \_\_\_\_\_

Sender number : \_\_\_\_\_

Patient Name: \_\_\_\_\_

Medical Record Number : \_\_\_\_\_

Subject : \_\_\_\_\_

Urgent

Confidential

Reply Requested

Message...

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