FAX

Date :

Recipient name :

Sender name :

Patient name :

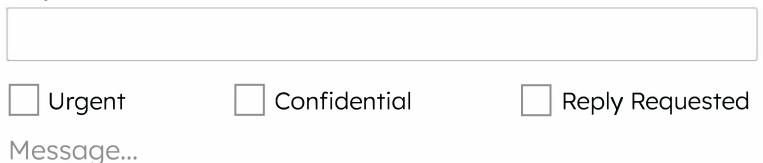
Pages :

Recipient number :

Sender number:

Medical Record Number :

Subject :



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