



Fax Cover

Sheet

To: [REDACTED]
Company: [REDACTED]
Fax: [REDACTED] 8
Phone: [REDACTED]

From: [REDACTED]
Fax: [REDACTED]
Phone: [REDACTED]

NOTES:

REF# [REDACTED] 2
PT: [REDACTED]
DOB:09/10/1974
SX DOS:4/29/2024
[REDACTED] 4
DX CODE: C50.511
CPT: 19303 38525
[REDACTED] 4
PLEASE SEE ATTACHED CLINICALS
THANK YOU,
[REDACTED]
[REDACTED] 4
[REDACTED] 9

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