

Four Peaks Surgery Center  
9425 W Bell Rd   
Sun City AZ, 85351  
*phone*: 623-399-6880  
*fax*: 623-322-1504

**Fax urgency**

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| To: | **MEDICAL RECORDS/Dr. drName** | From: | Zackery H./Franchesca G. |
| Fax: | fNumber | Pages: | numberOfPages |
| Phone: | pNumber | Date: | dateOfFax |
| Re: | Med Records | ATTN: |  |

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| |  | | --- | | **XX** | | Urgent | |  | | --- | |  | | For Review | |  | | --- | |  | | Please Comment | |  | | --- | |  | | Please Reply | |  | | --- | |  | | Please Recycle |

Comments:

Please fax last office visit notes and any labs/testing, ECHO, EKG, STRESS available, **Patient ptName (DOB dateOfBirth)** is having procedure done on **procedureDate for a procedureName Under MAC Anesthesia with Dr. anesthesiologistName.**

**FOR PATIENTS ON BLOOD THINNERS, PLEASE INCLUDE WHEN TO STOP FOR THE PROCEDURE**

Please call 623-399-6880 if you have any questions.

FPSC

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