



FAX TRANSMISSION

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| Date | Time: | From: <i>Dr. Goddard Lainjo</i> |
| Receiver's Name: Infusion Inbound Phone Front Desk: 845-333-1150 Stacy phone: 845-333-1905 Inbound Fax: 845-333-9400 | | Department: Phone: <i>845-342-4655</i> Fax: <i>845-381-5229</i> |

Number of pages, including this coversheet:
Information Transmitted:

Appointment Date Needed: Feb. 7. 2020

Name of Patient: Janet Boerner

DOB: 1/25/33

MRN #: _____

Diagnosis written on Order: H06.9.

Authorization Number: _____

Thank you

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