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FAX COVER SHEET

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From: Erin McDonnell-Benjamin

Company:

To Fax Number: 8453331041

Fax Reference ID: emc5E566DF1EE53

Date: 2/26/2020 1:08:58 PM # of pages [incl. cover]: 2

Notes/Comments:

Surgery 3/6/2020-Dr. Hardcastle

From Fax Number:

Sender Mailing Address: 155 Crystal Run Road

Middletown, NY 10941

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SURGICAL BOOKIN	REGIONAL BIGAL BOOKING AND PERIOPERATIVE ORDERS SHEET		faxed to the OKMC Schedoling Office Inbound 845-333-1041	Patient Label	
ADDRESS:	copl		5/23/5 SEX	Diagnosis: Primary Osteoarthr	itis Right Hip
ADDRESS: C	BOX 53	, Z	Surgeon: J. Hardcastle, MD	Assistant: P.A	,) -
Months and the second	mey l	M 12549	27130	ICD 10 CODE M16.1 (PRE-CERT#:
HOME HOMBERO	_	MUMBER (245)	INSURANCE CO.	INSURANCE ID NO	
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