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FAX COVER SHEET

To: ormc

From: Donna Brundage

Company:

To Fax Number: 3331041

Fax Reference ID: DBR5E501397D7A6

Date: 2/21/2020 5:29:56 PM

of pages [incl. cover]: 2

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From Fax Number:

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Middletown, NY 10941

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ORANGE	(120) Completed form must be	1	
REGIONAL	faxed to the ORMC	Patient Label	
SURGICAL BOOKING AND PERIOPERATIVE ORDERS SHEET	Scheduling Office Inhound 845-333-1041	Diognosistright uretorel calculus	
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