



FAX TRANSMISSION

Date 2/5/20	Time: 1:30 PM	From: KARY
Receiver's Name: Infusion Inbound Phone Front Desk: 845-333-1150 Stacy phone: 845-333-1905 Inbound Fax: 845-333-9400		Department: Phone: 914-367-0019 Fax: 914-367-0002

Number of pages, including this coversheet:
Information Transmitted:

Appointment Date Needed: 2/10/20, 1 PM

Name of Patient: DAISY BENDON

DOB: 12/17/03

MRN #: (If Applicable)

Diagnosis written on Order: K50.90

Authorization Number:

Thank you

**FAX TRANSMISSION**

Date 2/5/20	Time: 1:25 PM	From: KARY
Receiver's Name: Infusion Inbound Phone Front Desk : 845-333-1150 Stacy phone : 845-333-1905 Inbound Fax : 845-333-9400		Department: Peds G.I Phone: 914-367-0019 Fax : 914-367-0002

Number of pages, including this coversheet:**Information Transmitted:****Appointment Date Needed:** 2/14/20, 1:30 PM**Name of Patient :** Marcus Jackson**DOB:** 8/11/00**MRN # :** (If Applicable)**Diagnosis written on Order:** K50.80**Authorization Number :**

Thank you

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**FAX TRANSMISSION**

Date 2/5/20	Time: 1:22 PM	From: Kacy
Receiver's Name: Infusion Inbound Phone Front Desk: 845-333-1150 Stacy phone: 845-333-1905 Inbound Fax: 845-333-9400		Department: Phone: 914-367-0019 Fax: 914-367-0002

Number of pages, including this coversheet:**Information Transmitted:****Appointment Date Needed:** 2/14/20 @ 8 AM**Name of Patient:** BRIANNA GUZMAN**DOB:** 12/2/06**MRN #:** (If Applicable)**Diagnosis written on Order:** K50.819**Authorization Number:**

Thank you

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