

Pharmacy Communication

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To the attention of *Dr.*

Fax number:

Number of pages: _____

Subject:

Hi doctor, can you please fill the following authorization form for Diapers & Pads for this patient please. You can send it back to us in order for us to treat the request and submit it to Health Canada.

Thank you and have a good day,

Sent by: _____

****This document contains confidential information; if you have received it by error please return it to the above address.**