

# Fax Cover Sheet

**To:** Quest Diagnostics

**From:**

**Fax:** (877) 396-3645

**Pages:** 2

**Phone:** (800) 354-1703

**Date:**

**Re:** Home Depot Hidden Health Risk  
Physician Waiver

**cc:**

**Please use this fax cover sheet when returning Hidden Health Risk Screening Physician Medical Waiver to Quest Diagnostics.**

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