
FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Any Doctor	Gary A. Kitos, Ph.D., H.C.L.D., C.C.
COMPANY:	DATE: 12/18/2018
FAX NUMBER: XXX-XXX-XXXX	TOTAL NO. OF PAGES INCLUDING COVER: 1
PHONE NUMBER: XXX-XXX-XXX	SENDER'S PHONE NUMBER: 877-992-4100
RE: Jane Doe	SENDER'S FAX NUMBER: 615-599-4648

☒ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Allermetrix needs the following information to process your patient's insurance billing:

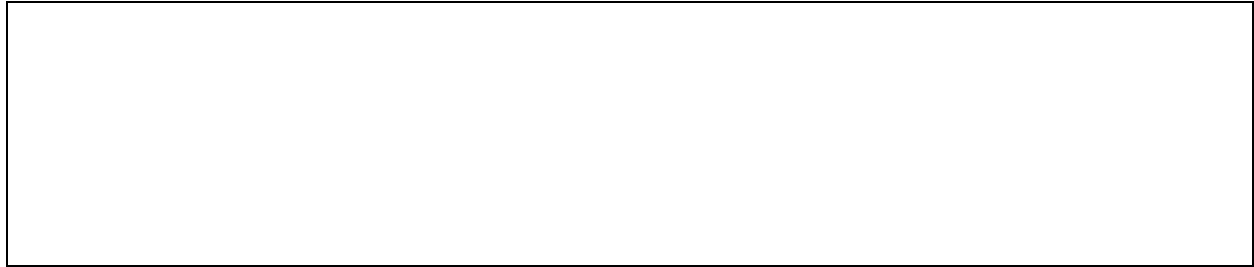
1. Patient current address

***** Please fax (615-599-4648) or e-mail (info@allermetrix.com) *****

Allermetrix Internal Use: (pulled from LIS)

Client#: XXXXXX
Allermetrix: ID
Patient: Doe, Jane
Dob: xx/xx/xx (or not given)
Drawn: xx/xx/xx (or not given)

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