

Medical Facsimile Cover Sheet

Date: October 07, 2029

TO Dr. Kenneth Galang M.D P.A

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FROM

Name	Patrick Ryan Boylan BSN
Signature	<i>Patrick Ryan Boylan BSN</i>
Phone	Patrick Ryan Boylan BSN
Fax	(239) 225-0575

Patient Name	Patrick Ryan Boylan
Identifier	Copy Of ID In This Communication
Medical Record Number	Included In This Communication

Reason For Release	For Continuum of Care of chronic pain condition.
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Information Released	Medical records insurance card in personal identification
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