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| **Advanced Medical Supply** |
| **Phone: 866-994-2583** |
| **Fax: 817-780-0212** |

**FAX**

**To:**

**Name: {{ pcp\_name }}**

**Fax Number: {{ pcp\_fax }}**

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| **Subject: {{ name }}** |

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| **Message:**  **Please sign the prescription and return the fax along with the recent visit notes or the progress notes of the patient.**  **Thanks** |