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FAX

TO:
Human Designs

FROM:

FAX:
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DATE:

PHONE NUMBER:
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NUMBER OF PAGES:

RE :

PATIENT NAME & D.O.B.

PHONE # FOR FOLLOW UP:

Notes:

  <p>2933 LONG BEACH BLVD. LONG BEACH, CA 90806 TEL: (562) 988-2414 FAX: (562) 490-2831</p>	<p>Name: _____ Date: _____</p> <p>Rx: _____</p> <p>Dx: _____</p> <p>Medical Necessity: _____</p> <p>Physician: _____</p> <p>Signature _____ MD</p> <p>Lic#: _____ NPI#: _____</p>
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