



TO: \_\_\_\_\_

FAX NO: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Name of employee sending fax)

LOCATION: \_\_\_\_\_  
(County Health Department, Bureau or Office)

PHONE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

PAGES (including cover sheet): \_\_\_\_\_

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