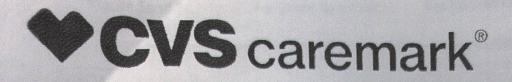
%, 2024 20:04 (UTC+05)

From: +14083572767 (Fax.Plus)



COVER SHEET

TO: Dr. INFORMATION REDACTED FOR PRIVACY	FROM:	CVS Pharmacy
PHONE: INFORMATION REDACTED FOR PRIVACY	PHONE:	(912) 304-0675
FAX:155 INFORMATION REDACTED FOR PRIVACY	FAX:	(407) 214-4253
SUBJECT: PRESCRIPTION	DATE: 08-16-2024	
NO. PAGES: 3		

COMMENTS:

Urgent: "When returning this Medical Necessity to the Pharmacy, please use this fax cover sheet. Please get it review by the provider and fax us back as soon as possible along with the patients last visit clinical notes within three working days".

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