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FAX Request to: 724-503-4429

Fax Transmittal Form

To:

Procedure Scheduling Department
Pezzone Gastroenterology Associates
Fax: 724-503-4429

From:
Phone:
Fax:
Date sent:
Time sent:
of pages including cover page:

Patient Name:	DOB:
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Message:

PLEASE FIND ATTACHED THE COMPLETED "ENDOSCOPY SERVICE FORM-PATIENT INFORMATION SHEET" THAT IS NECESSARY FOR SCHEDULING AN ENDOSCOPIC PROCEDURE. THANK YOU.

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