



**EYE ASSOCIATES  
NORTHWEST, PC**

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**FAX TRANSMISSION COVER**

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**TO:**

**FROM:**

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**PAGES INCLUDING COVER:**

**RE:**

IF YOU HAVE QUESTIONS REGARDING THIS TRANSMISSION,  
PLEASE CALL (206) 215-2020

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**URGENT**

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**PLEASE REPLY**

**NOTES/COMMENTS:**

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Note: Any medical information you have received is protected by federal and state laws. If you have received this information in error, please contact the person above immediately. Unauthorized receipt or use of this information is prohibited by law.

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