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| LOGO | A Facsimile From |
| To: **Medical Affairs (Immunology/Medical Record Review)** MA Fax Numbers: **(123) 456-7890 or (123) 456-7891**Email:  | **Name:****PHS#:****Phone#:****Email:****Date:** |       |
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| RE: Immunization documentation |
| Number of Pages \_\_\_\_ ( including the cover sheet) |
| (Circle The Immunization(S) You Are Faxing To MA)* PPD(TB) Or Chest X-Ray (CXR) Report For Positive TB Test
* Tetanus
* Chickenpox(Varicella) Or Positive Titer (Lab Results)
* Hepatitis A Or Positive Titer (Lab Results)
* Hepatitis B Or Positive Titer (Lab Results)
* MMR Or Positive Titer (Lab Results For Measles/Rubeola, Mumps, And Rubella)
* Influenza

Comments: |
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