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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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