

**Family HealthCare Associates  
Fax Cover Sheet**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

To: **Patient Accounts Representative  
Arlington - Fielder Clinic**

Phone: **817-277-2221**

Fax: **817-459-5253**

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Number of pages including this cover sheet: \_\_\_\_\_

COMMENTS:

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