

**Family HealthCare Associates  
Fax Cover Sheet**

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

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

To: **Patient Accounts Representative  
Plano – Presbyterian Hospital Clinic**

Phone: **214-473-6655**

Fax: **972-398-1475**

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

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

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

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COMMENTS:

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