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TO: Human Designs FROM:



FAX: (562) 490-2831 DATE:

PHONE NUMBER: (562) 988-2414 NUMBER OF PAGES:

RE : PATIENT NAME & D.O.B.

PHONE # FOR FOLLOW UP:

Notes:

  2933 LONG BEACH BLVD. LONG BEACH, CA 90806 TEL: (562) 988-2414 FAX: (562) 490-2831	Name: _____ Date: _____ Rx: _____ Dx: _____ Medical Necessity: _____ Physician: _____ Signature _____ MD Lic#: _____ NPI#: _____
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