

F A X

Lerman and Son

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**Please fax back to:
310-659-1601**

**To: Lerman & Son
Fax: 310-659-1601**

From:

Fax #:

Date:

Regarding:

Patient Name:

Phone Number for Follow up:

Notes:

RX for Lerman & Son

Patient Name: _____ **Date:** _____

Item:

Medical Necessity:

DX: _____ **Physician:** _____