



420 West Linfield-Trappe Rd.  
Building B, Suite 101  
Limerick, PA 19468  
484-975-0404



# Facsimile Transmittal Sheet

EAVF Fax Number: (610) 495-3007

TO: \_\_\_\_\_ FROM: \_\_\_\_\_

COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ TOTAL # OF PAGES, INCLUDING COVER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

RE: \_\_\_\_\_

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY

**Confidentiality Notice:** The information transmitted in the facsimile is confidential and/or legally privileged. It is intended **only** for use of the individual named above. If you are not the intended recipient as named above, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax – except its delivery to the intended recipient – is strictly prohibited. If you have received this fax in error, please notify the sender immediately at 484-975-0404 and destroy this cover sheet along with its contents, and delete from your system, if applicable. At the option EAVF Gastroenterology, arrangements will be made to return the document(s) to this office if applicable.

Thank you,

EAVF Gastroenterology