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## OFFICIAL FAX TRANSMISSION

**TO:** HEAL COLLABORATIVE

**COMPANY/DEPARTMENT:** PSYCHIATRY

**RE:** HEAL REFERRAL

**PAGE 1 OF 2**

**FAX:** (585) 276-1913

**PHONE:** (585) 275-HEAL

**DATE:**

URGENT    FOR REVIEW    PLEASE COMMENT    PLEASE REPLY

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**FROM:**

**UNIT/DEPARTMENT:**

**FAX:**

**PHONE:**

**COMMENTS:**

Please provide intake. The client would like to be contacted by:

- Phone
- In-patient, nurses station contact: \_\_\_\_\_
- Other: \_\_\_\_\_

\* please call if the patient would like to walk-in: **(585) 275-HEAL**

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