

# Fax

Direct Tel: 0161 446 \_\_\_\_\_  
Hospital Tel: 0845 226 2000

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To: **Air Products.** Tel: **0800 373 580**  
From: **Christie Hospital.** Fax: **0800 214 709**  
Ward \_\_\_\_\_ Date:  
Re: **Patient referral/HOOF** Pages: **2.**  
(Including cover sheet)

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Urgent  For Information  Please comment

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**Please confirm receipt of**  
**this fax as soon as possible**  
**by phoning ward \_\_\_\_\_ on**  
**0161-446-**

Any queries regarding the patient information on this fax should be directed straight to ward \_\_\_\_\_ by phoning 0161 446 \_\_\_\_\_.  
**Many Thanks.**

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