

## **Fax Request Form**

To: OrthoNet Fax #: (866) 800-7485

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Instructions:

- Use this form as a Fax Cover Sheet and send all supporting clinical data with this request
- Please ensure that this form is a DIRECT COPY from the MASTER
- Please PRINT, in black ink, one character per box for ALL requested information 3.
- Please completely fill in each circle that represents the corresponding NUMBER entry

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