Tactile MEDICAL

FACSIMILE MESSAGE

Date: 3/13/2023	# of Pages (excl. cover): 1
To: Edic Stephanian, MD	From: Christine Dolan
[illegible]	Phone: 866-435-3949 [illegible]
Fax: 877-476-0900	Fax: 866-435-3949

Re: SIGNATURE REQUEST

Patient: [illegible]

SIGNATURE REQUEST

An Entrelin Pneumatic Compression Device (HCPCS: [illegible]) [illegible]

Please REVIEW, SIGN AND DATE THE FORMS and fax [illegible]

866-435-3949.

Signature and Date stamps are not accepted

Tactile Medical is the manufacturer and provider of the [illegible] to make a coverage decision.

Thank you in advance for your assistance. Please contact our Fax Support Team at [illegible] with questions or [illegible] at www.tactilemedical.com.

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Confidentiality [illegible]