|  |
| --- |
| A picture containing text  Description automatically generatedLifeWays Outpatient Therapy  Katelynn Miller, Supervisor  phone: 517.789.1209  fax: 517.796.4517 |

facsimile transmittal sheet

|  |  |  |
| --- | --- | --- |
| to: |  | from: **LifeWays outpatient therapy** |
|  |  |  |
| company: |  | date: |
|  |  |  |
| fax number: |  | total no. of pages including cover: |
|  |  |  |
| Phone number: |  | sender’s reference number: |
|  |  |  |
| Re: |  | Your reference number: |
|  |  |  |

🞎 Urgent 🞎 For Review 🞎 Please Comment 🞎 Please Reply 🞎 Please Recycle

notes/Comments: