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I hereby request a copy of my X-rays:

Name: _____

To be sent to the following Email Address:

***Please note emails from our office will be sent by our Secure mail system Called Zix Corp.

Please look for ZIX Corp in your emails, and you will be prompted to create a password before opening. Please write down and take note of this password

Print Name: _____ Date of birth: _____

Signature: _____ Date: _____

Please complete and send by either Fax: 888-600-4371 or by Email: drterryfayad@outlook.com.

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