



CARO REGION

DATE SENT: _____ TIME: _____

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FROM: **McLaren CARO REGION**
Physical Therapy Department
Telephone Number: 989-672-5112
Fax Number: 989-673-3005

SENDER: _____

Number of Pages, Including Transmittal: _____

COMMENTS:

See attached Discharge Note for your patient's record.

**Thank you,
Physical Therapy Department**

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