

**CITY OF VISION EYE CARE, PC**  
4025 Jackie Rd. SE  
Rio Rancho, NM 87124  
505-892-8411  
Fax 505-891-5497  
cov@swcp.com



# Fax

**To:** \_\_\_\_\_ **From:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Pages:** including cover page

**ATTN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Re:** \_\_\_\_\_

**Urgent**     **For Review**     **Please Process**     **Please Reply**     **Per Patient Request**

● **Comments:**


**CONFIDENTIALITY NOTICE:**

The document accompanying this telecopy transmission contains CONFIDENTIAL information belonging to the sender that is legally privileged and protected. This information is intended for the use of the individual or entity to which it is directed. The authorized recipient of this information is prohibited from disclosing this information to any other individual of entity. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action in reliance on the contents of these documents is strictly prohibited.

**IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY THIS OFFICE BY TELEPHONE AT (505) 892-8411 TO ARRANGE FOR THE RETURN OF THE RECEIVED DOCUMENTS.**