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| A close up of a sign  Description automatically generated |

facsimile transmittal sheet

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| **to:**  |  | **from:**  |
|   |  |   |
| **company:**  |  | **date:**  |
|   |  |  |
| **fax number:**  |  | **TOTAL NO. OF PAGES, INCLUDING COVER**  |
|   |  |   |
| **Phone number:**  |  | **sender’s TELEFAX number:** |
|   |  |  |
| **Re:**  |  | **Your reference number:** |
|  |  |  |

🞎 Urgent  🞎 For Review 🞎 Please Comment 🞎 Please Reply

🞎 Please Recycle

# **notes/Comments:**

#  **this is required under new state guidlines to get ABA therapy approved.**

# **Thank you**

**PLEASE REVIEW THE FOLLOWING AND LET US KNOW IF ANY ADDITION INFORMATION IS NEEDED.**

**PLEASE CALL ADMINISTRATOR WITH ANY QUESTIONS.**