



FAX

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DATE:		PAGES:	(including this page)
TO:	Helen Sutcliffe Immunisation Coordinator	FAX:	3274 1930
FROM:		PHONE:	3274 1886



MESSAGE:

4 year old Birthday Card order form

Please complete the following details:

Contact Name.....

Practice Name

Place practice stamp here.

Contact Phone Number.....

No. of cards required.....

***Please note that a maximum of 50 cards can be ordered at the one time. Subsequent orders can be placed.**

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