

**FAX COVER PAGE**



**Date:** 09/01/2026

**To:**  
Jane Doe , MD

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**From:**  
Home Health Cares  
579# EAST MARKET@STREETS  
HARRISONBURG, VA 22801-1234

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**Phone:** 540-433-7146

**Fax:**

**Subject:**  
Form Submission

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**Memo:**

Please review the attached document.

**URGENT: Please review and respond to this fax transmission promptly.**