



COLUMBIA UNIVERSITY

*Department of Medicine*

---

---

**FACSIMILE TRANSMITTAL SHEET**

---

---

TO:

FROM:

DEPARTMENT/DIVISION/OFFICE:

DATE:

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

SENDER'S PHONE NUMBER:

212-

RE:

SENDER'S FAX NUMBER:

212-

---

---

URGENT     FOR REVIEW     AT YOUR REQUEST     PLEASE REPLY     PLEASE PROCESS

---

---

NOTES/COMMENTS: