



Address
Phone: (XXX) XXX - XXXX
Fax: (XXX) XXX - XXXX

Fax: ACCION- Department of XXX

Note: The information contained in this facsimile is confidential information intended only for the use of the individuals or entity named below. If the reader of this message is not the intended recipient, you are respectfully notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately (XXX) XXX - XXXX.

To: _____ Fax: _____

From: _____ Date: _____

Re: _____ Pages: _____

Urgent

For Review

Please Comment

Please Reply

Please Recycle

Ref: Patient: _____

DOB: _____

Dear Physician:

ACCION is a program committed to decreasing the burden of colorectal cancer in our communities by providing education and free screening tests for colorectal cancer to eligible patients. This participant indicated that you were their PCP.

According to their eligibility, this patient underwent a colonoscopy, at no cost. The results are attached for your records. If you have any questions or concerns please contact us during business hours at (XXX) XXX – XXXX.

Sincerely,

ACCION Program Director
Address