



This form to precede all RSV Forms submitted via fax

This facsimile communication is intended only for the use of the addressee and may contain information that is privileged and confidential. Any dissemination, distribution, or copying of this communication by unauthorized individuals or for unauthorized purposes are strictly prohibited.

If you received this communication in error, please notify us immediately via telephone at 604-875-2867 or toll free at 1-877-625-7888, and return the original to us by regular mail.

Date: _____

From: _____

at Fax Number: _____

To: BC RSV Immunoprophylaxis Program.....

FAX 1-877-625-7555 or 604-875-2879

Contact Information: Grace Burns 604 875-2867/Cheryl Christopherson 604 875-2345x7872

Number of pages (including this page): _____

Notes: