

# CONFIDENTIAL CASE REPORT

Hudson Valley Regional STI Reporting Form

## FAX TRANSMISSION

- Dutchess County (fax: 845-486-3557)*
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TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ PGS: (including cover) \_\_\_\_\_

SUBJECT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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