

# Fax

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**Pages:** \_\_\_\_\_, including this cover sheet

**Date:** \_\_\_\_\_

- **Family Medicine Mid-Term Evaluation**
- **Make sure you have achieved 14 of 14 targets in SPEL (in One45)**

**From:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**\*\*\*Confirmation Email will be sent once received.\*\*\***

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