



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Daniel FROM: Amy Morris
COMPANY: Occumed DATE: 11/21/18
FAX NUMBER: _____ TOTAL PAGES, INCLUDING COVER: 2
PHONE NUMBER: 334 435 2520 SENDER'S REFERENCE NUMBER: 334 244 3281
RE: Joemarks CC: _____

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS

Thank you

The contents of this Fax message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential and may be subject to applicable attorney/client and/or work product privileges. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender by fax and then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments.

P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396