

**WESTERN**  
 HEALTH AND SOCIAL SERVICES BOARD  
 15 Gransha Park, Clooney Road,  
 Londonderry, BT47 6FN  
 Tel: [REDACTED] Fax: [REDACTED]

**FAX COVER SHEET**

Addressee: \_\_\_\_\_  
 Company Name: [REDACTED] \_\_\_\_\_  
 Fax Number: [REDACTED] \_\_\_\_\_  
 Number of pages to be faxed (excluding cover sheet): \_\_\_\_\_

**MESSAGE**

*(Please write 1st class invoice - 3 p/line)*

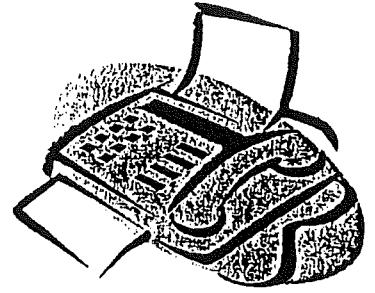
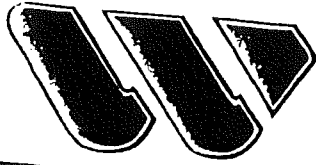
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From: Karen Meehan  
 Department: Chairwoman - WHSSB

Please contact/advise me immediately if any pages are illegible (if you have received this fax in error please return immediately to the above fax number and please contact us immediately at the above number)

**To be filled by Fax Operator**

Signature: [REDACTED] \_\_\_\_\_  
 Date: [REDACTED] \_\_\_\_\_  
 Time: [REDACTED] \_\_\_\_\_



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**MESSAGE**

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From: Karen Hebra  
 Department: Chronicity - W12513

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