

# 1st Choice Inc.

## *FAX COVER PAGE*

Please fax this cover sheet with accompanying forms & medical records to;  
**954-252-4713**

First Name: Last Name: Date of Birth:
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I agree to the terms & conditions of [1stchoicemed.com](http://1stchoicemed.com)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Photo I.D & Message area if required: