

Name: _____ | DOB: _____ | MRN: _____ | PCP: _____, MD

Letter Details



April 20, 2020

To whom it may concern:

_____ was seen at the COVID-19 clinic on 4/20/2020. His test was NEGATIVE for the virus.

Please contact us with questions or concerns.

Thank you,

_____, MD
UTMB HEALTH INTERNAL MEDICINE - GALVESTON
PRIMARY CARE PAVILION
400 HARBORSIDE DR, SUITE 105
GALVESTON TX 77555-1167
409-747-1883
409-747-7012

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