

**UnityPoint Health**

FAX

DATE: 2/3/2026 7:55:00 AM **# of Pages Including Cover:** 2**TO:** Fax User **Fax #:** 19725329272**Phone #:** _____**FROM:** UnityPoint Clinic - Internal Medicine
- United Medical Park **Fax #:** 319-233-0669**Phone #:** _____**MESSAGE:**

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