



www.cloudtophealth.com

Phone: (813) 999-0303

Fax: (888) 286-3058

REQUEST RECEIVED

PATIENT: TEST PERSON 01/01/1901 MEDICATION: ADAPALENE GEL 0.3%

Hello,

This is an acknowledgement that we have received your request and records. We will begin working on the case and inform you of the outcome.

Please let us know if you have any further questions.

Sincerely,

CloudTop Health