REACH PROGRAM

I would like more information about the REACH program.

Please contact ________________________________ in my office to discuss the program further.

Phone number: ___________________________

Physician's name: ____________________ Specialty: _______________

PLEASE MAIL OR FAX THIS REQUEST TO:

SUPERVISOR
REACH PROGRAM
Anne Arundel County Department of Health
3 Harry S. Truman Parkway
Annapolis, Maryland 21401
Phone: 410-222-4111 Fax: 410-222-4531