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Employee Owned & Operated

Newman Medical
5350 Vivian Street, Unit C
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Thank you for your Doppler order, we look forward to serving you in the future.

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Serial # of DigiDop _____ (**required**)

Serial # of DigiDop _____ (**required**)

Serial # of DigiDop _____ (**required**)

Serial # of DigiDop _____ (**required**)

Your **FREE** Doppler will be sent directly to you at the physical address you have provided.

Thank you again for choosing Newman Medical!

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