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**DEPARTMENT OF DEFENCE  
LAVARACK BARRACKS MEDICAL CENTRE**

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<b>SUBJECT:</b> Request for approval to prescribe tafenoquine		
Reference:	Date: 21 Jul 00	Pages (including cover): 2

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Apologies for incorrectly filing in the  
"parent category" box on the previous forms;  
all are [REDACTED]

Regards,

*John*

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