



RADIOGRAM



NR <input type="text"/>	ROUTINE	<input type="text"/>	STATION OF ORIGIN	CHECK	PLACE OF ORIGIN	FILING TIME	FILING DATE
	PRIORITY		<input type="text"/>				
	EMERGENCY		<input type="text"/>				

TO:	TEL:	EMAIL:
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ADDRESS:	CITY:
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MESSAGE TEXT:

FROM :

FOR RADIO OPERATOR USE ONLY:

RECEIVED FROM	DATE	TIME
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SENT TO	DATE	TIME
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