

Patient _____

Referred by Dr. _____

Comments/Notes _____

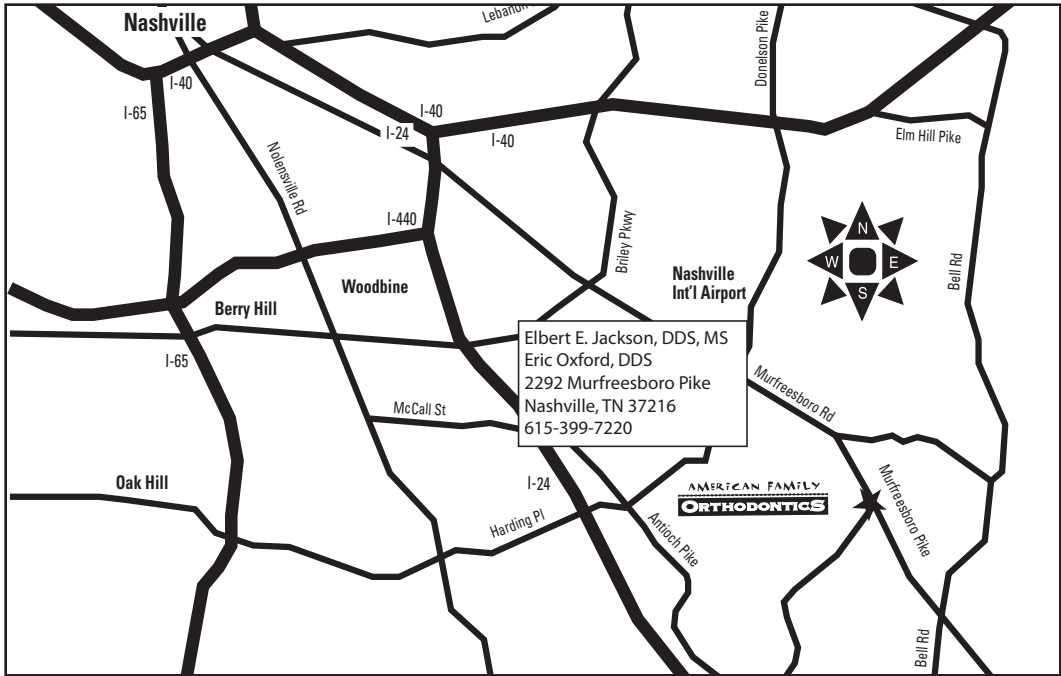


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