



Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

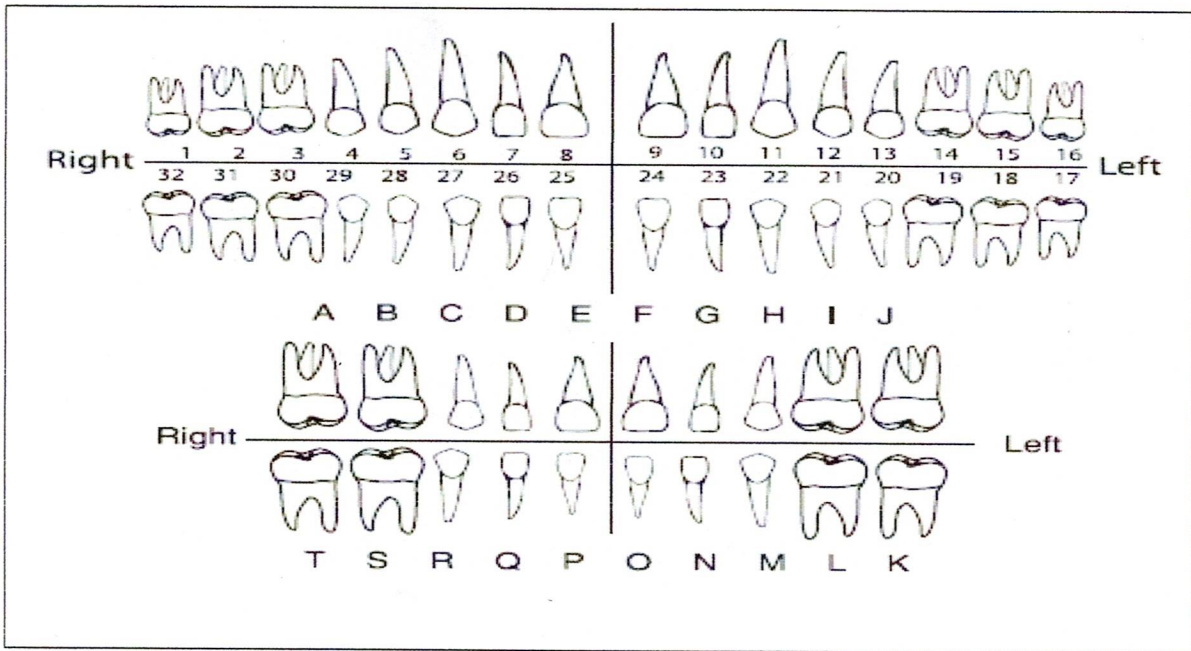
Referring Doctor: \_\_\_\_\_

Patient Referred For:

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