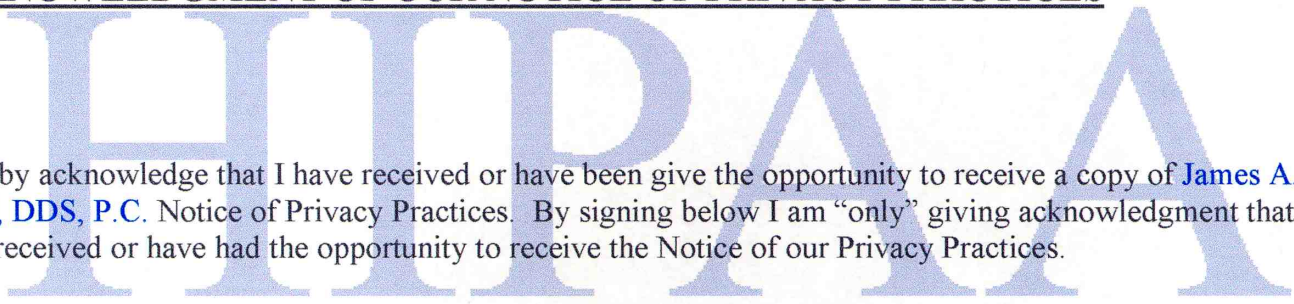


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Patient Name (Type or Print)

Date

Signature