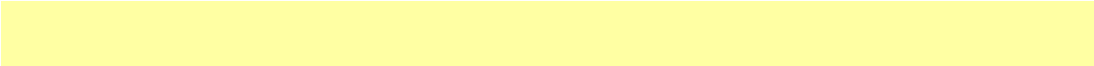
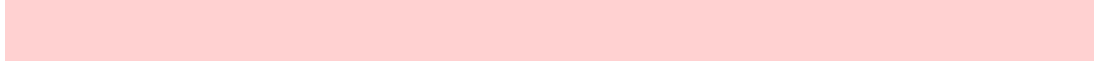


PATIENT INFORMATION
6 D P S O H 3 D W L H Q W
DOB:
REQUISITION ID:



Sample Report

