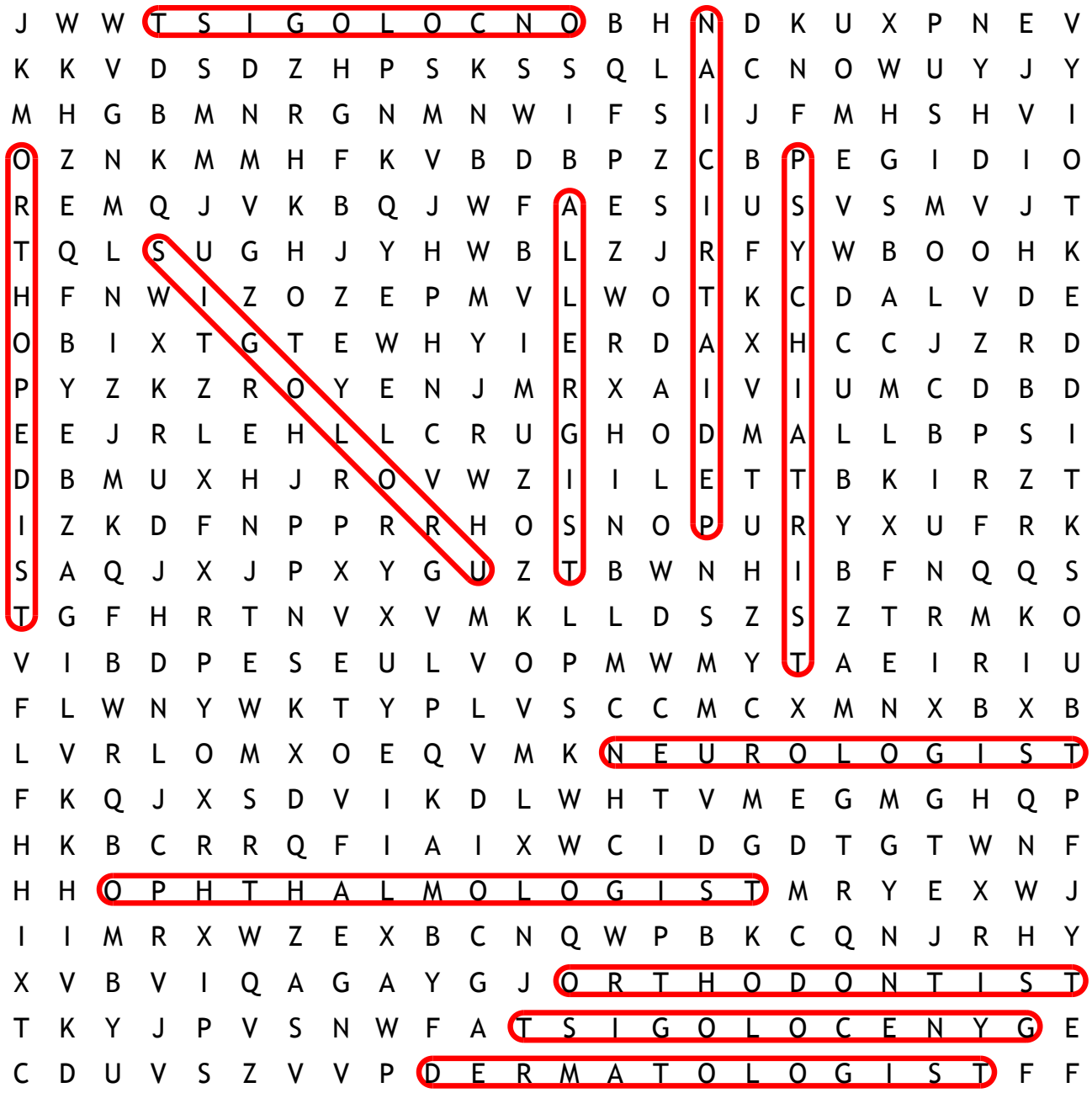
Name: _____ Date: _____

Personal Doctors



Ophthalmologist

Dermatologist

Psychiatrist

Pediatrician

Orthodontist

Gynecologist

Orthopedist

Neurologist

Oncologist

Allergist

Urologis