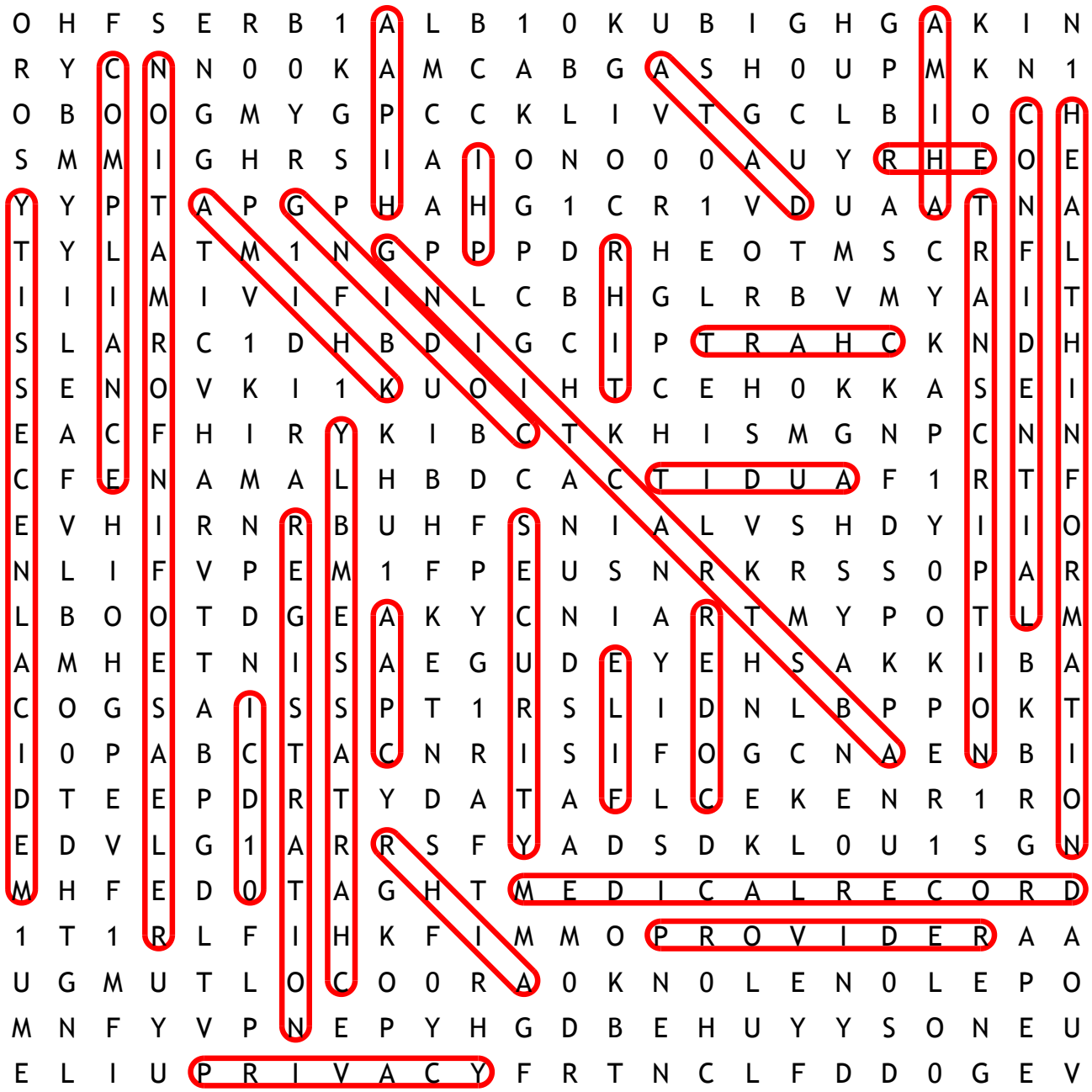
Name: _____ Date: _____

HEALTH INFORMATION



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HEALTH INFORMATION
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MEDICAL RECORD
CHART ASSEMBLY
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ABSTRACTIING
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COMPLIANCE
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