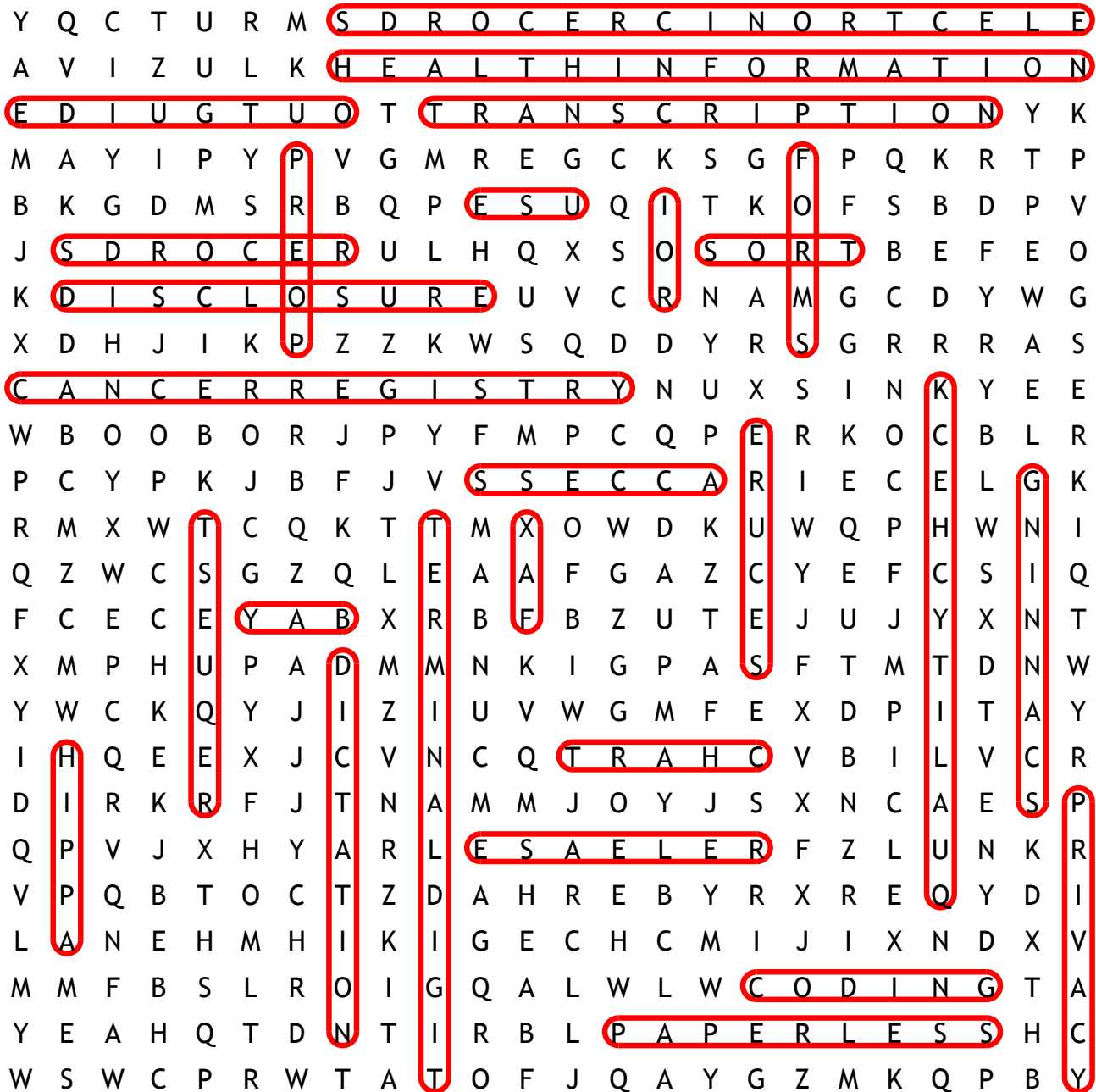


Name: _____

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HEALTH INFORMATION SERVICES



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