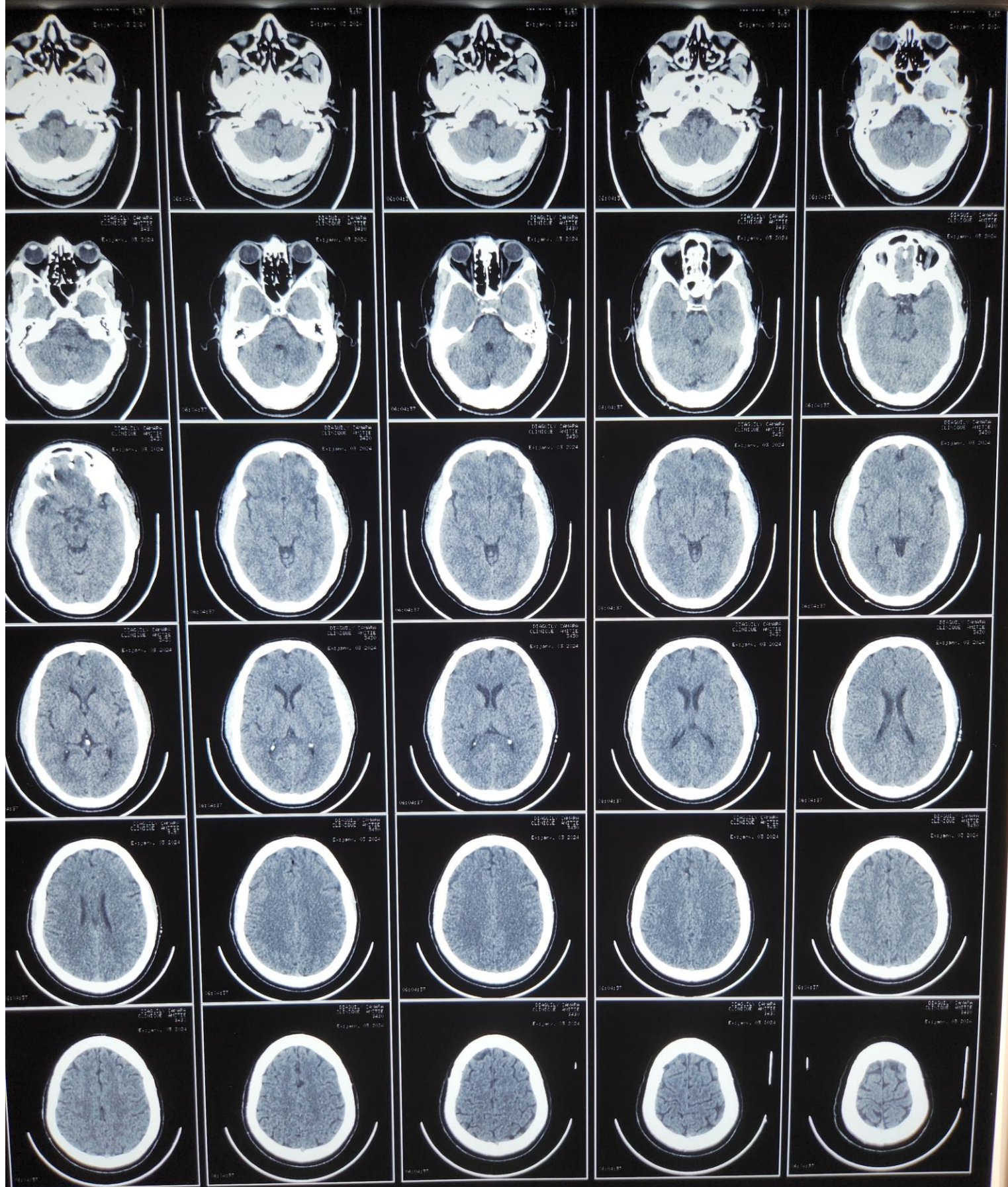




Patient ID:
Age:

Patient Name:
Sex: