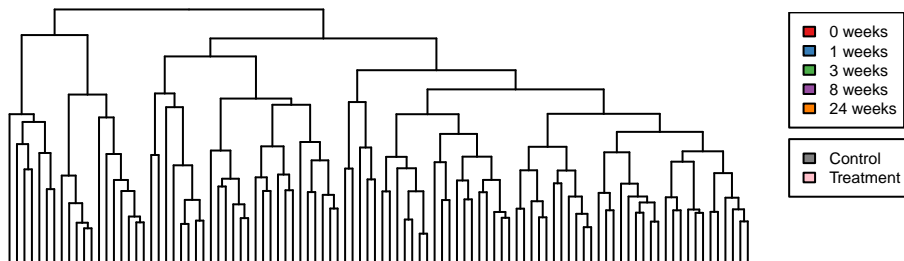


Your Title

Treatment Time
Condition