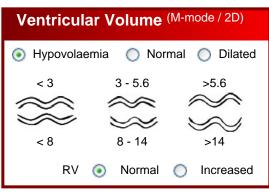
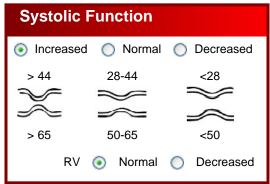
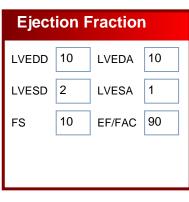
UR D.O.B dd/mm/yyyy Age Sex Surname First Name Address Suburb State Post Code H M	Patient Details		
Address Suburb State Post Code	UR		
Suburb State Post Code	Surname	First Name	
	Address		
Н М	Suburb	State Post Code	
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Email	Email		

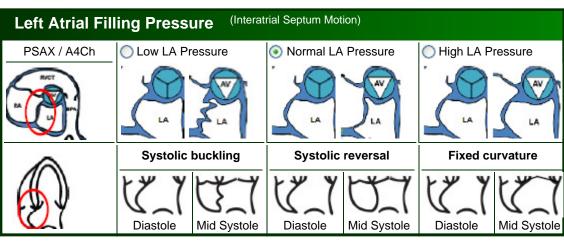


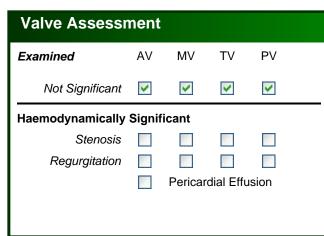


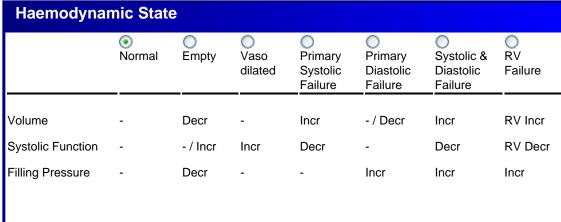


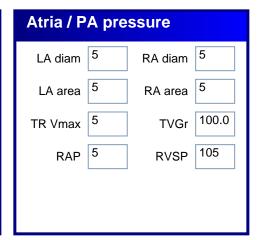












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