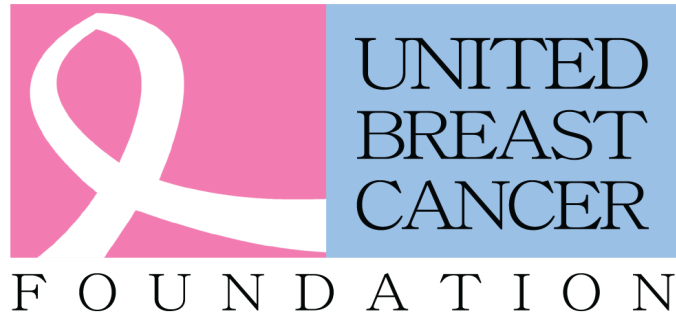


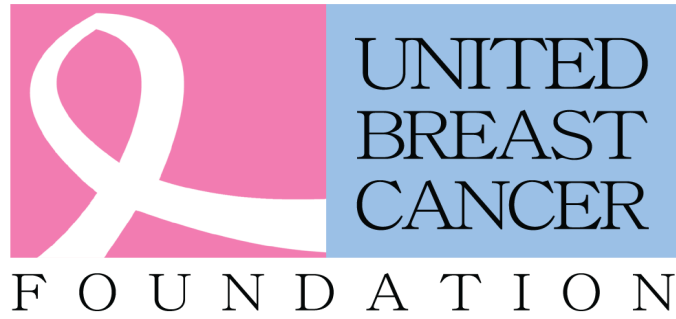
Doctor Name	Specialty	Hospital Affiliation	Contact Phone #	Hospital Phone#	Address	Date of Appointment	Synopsis of Appointment

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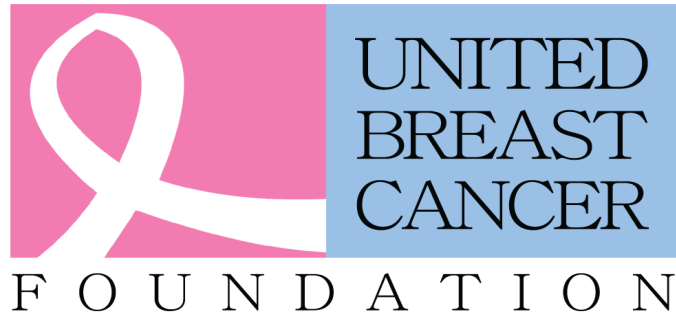
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