

Name _____

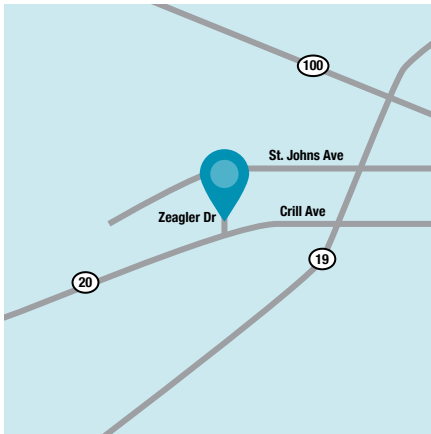
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Date _____

Time _____

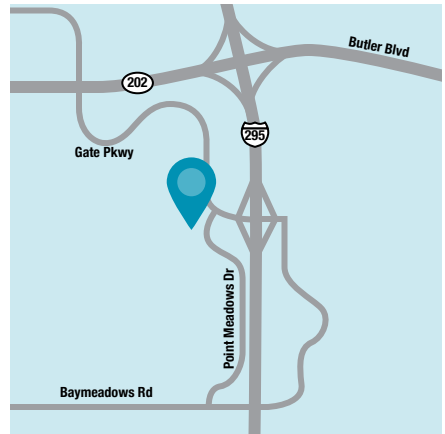
Reason for Referral _____

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