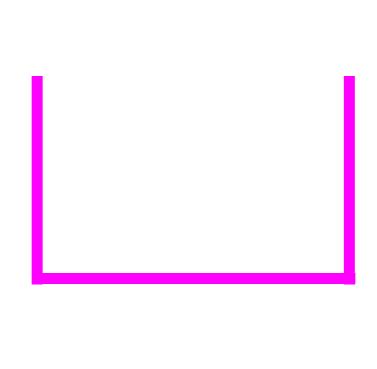


My Full name:
Address:
Tel. no.:
📤 Date of birth:



	Doctor:
	Tel no.:
/Doctor + \	Address:
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