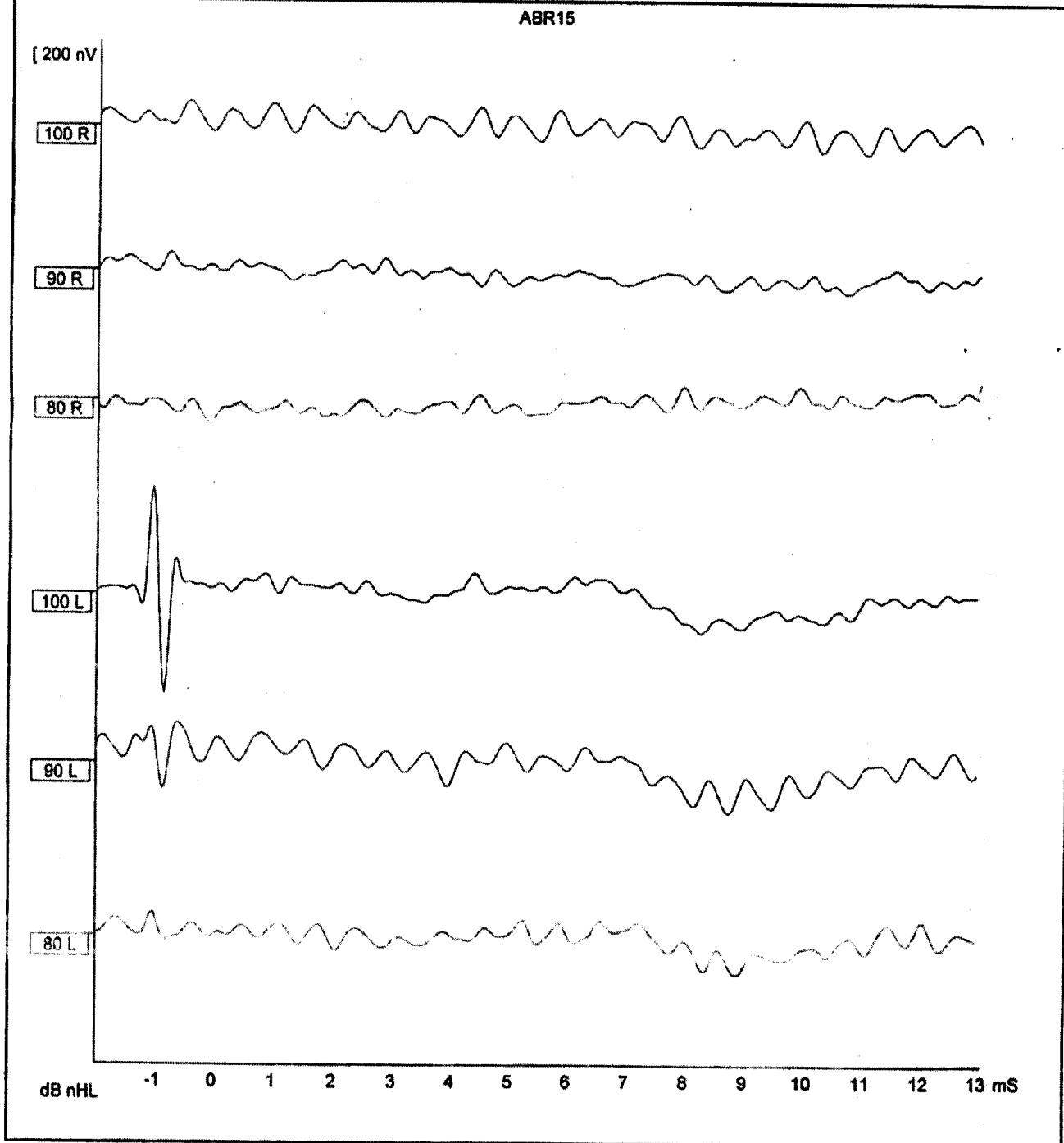


Your Company	
Address:	Denmark
Tel:	Fax:
E-Mail:	No 1

PATIENT DATA	
NAME: DUONG	Sex: F
DOB: DAO THUY	Age: 6
Address:	ID: 035
Vietnam	DOB: 2009-05-09
Title: Click	Tel: 0435728675
Exam: ADM	E-Mail:



Your Company	
Address:	
	Denmark
Tel:	
Fax:	
E-Mail:	

PATIENT DATA	
Family Name:	DUONG
First Name(s):	DAO THUY
Age:	
Address:	
	Vietnam
Title:	one bud 500 Hz
Examiner:	ADM
E-Mail:	

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