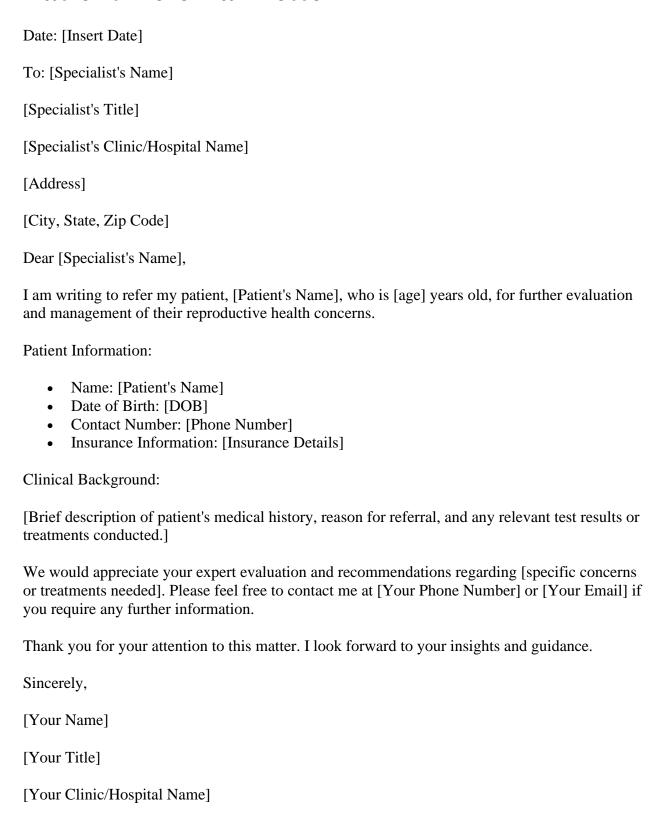
Patient Referral Letter



[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]