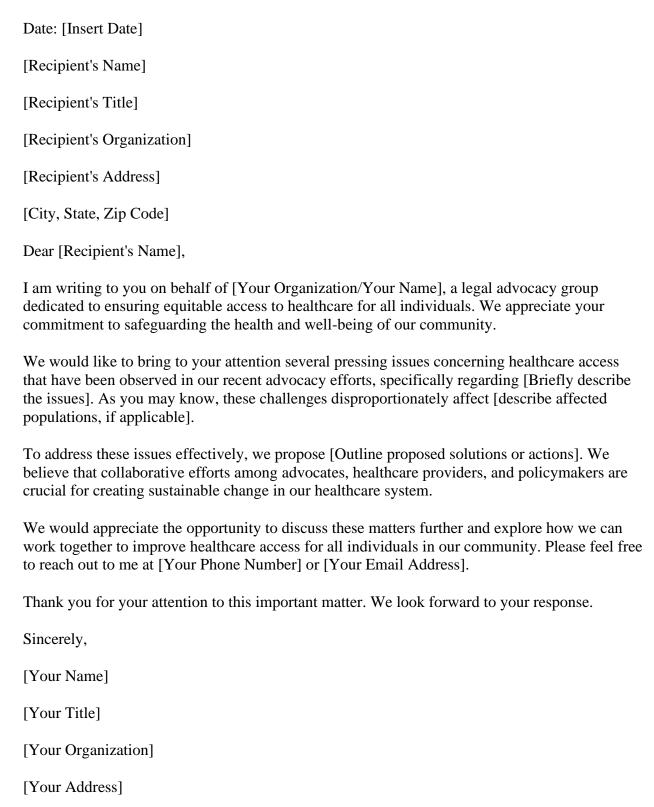
Healthcare Legal Advocacy Letter



[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]