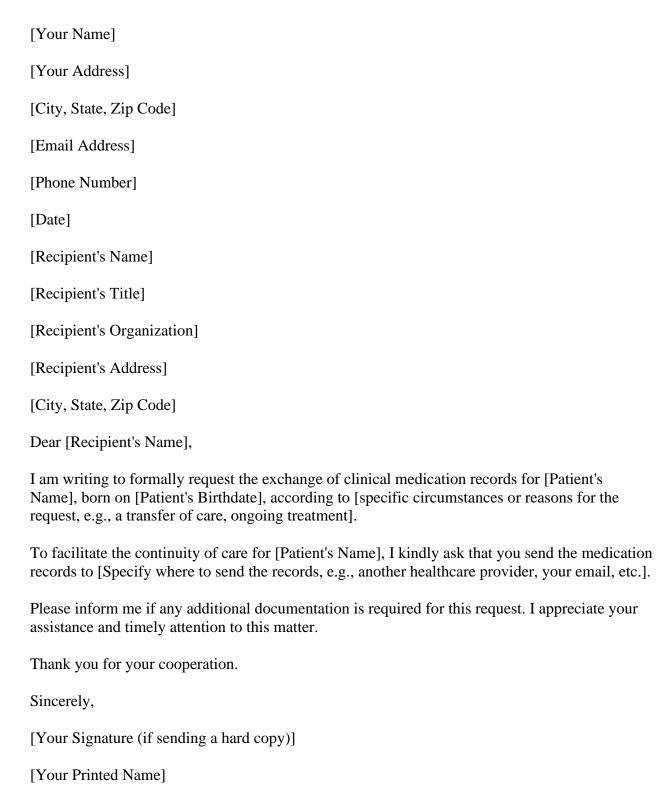
Request for Exchange of Clinical Medication Records



[Your Title (if applicable)]

[Your Organization (if applicable)]