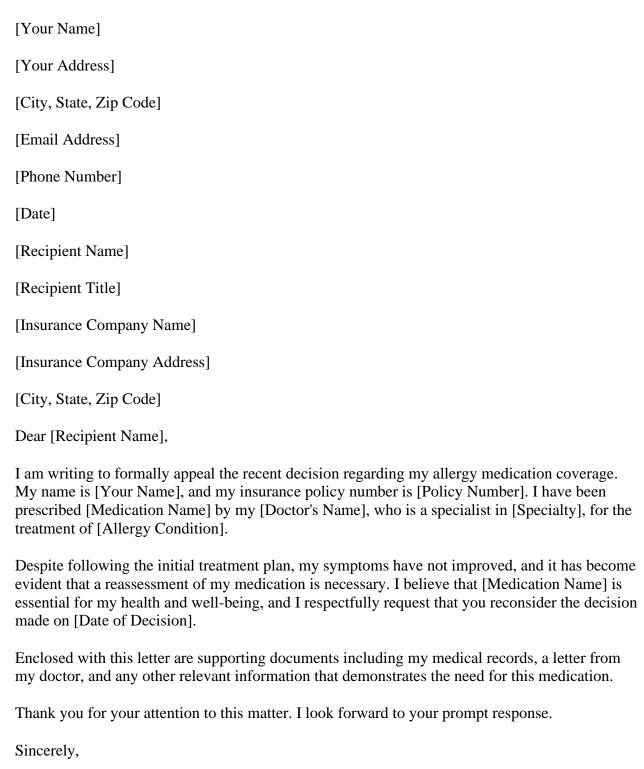
Appeal for Allergy Medication Reassessment



[Your Name]