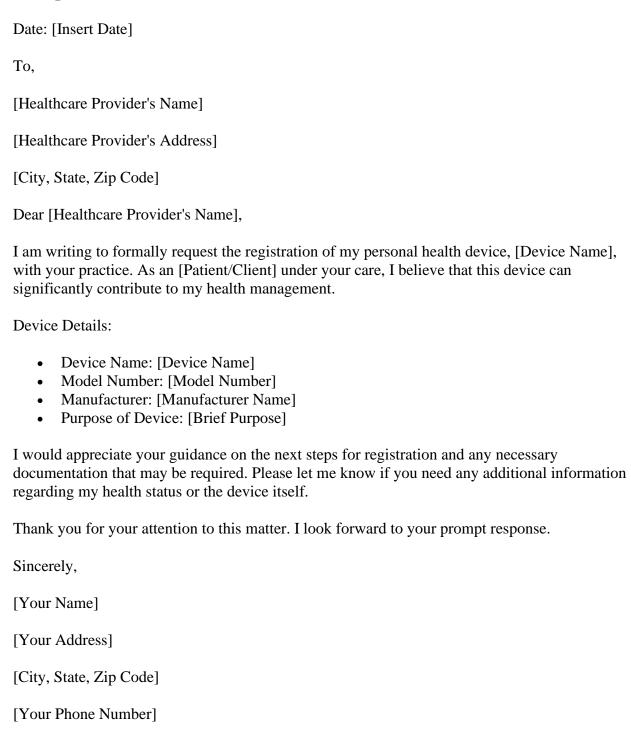
Application for Personal Health Device Registration



[Your Email Address]