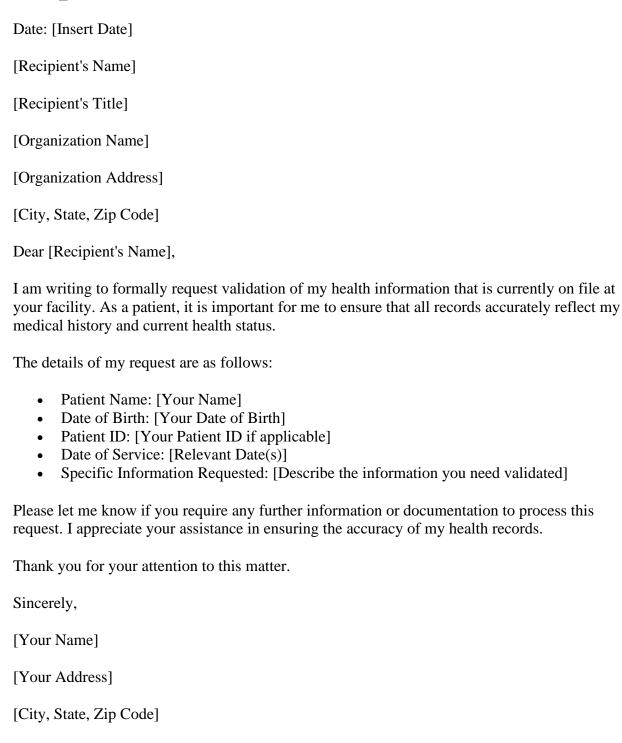
Patient Health Information Validation Request



[Your Phone Number]

[Your Email Address]