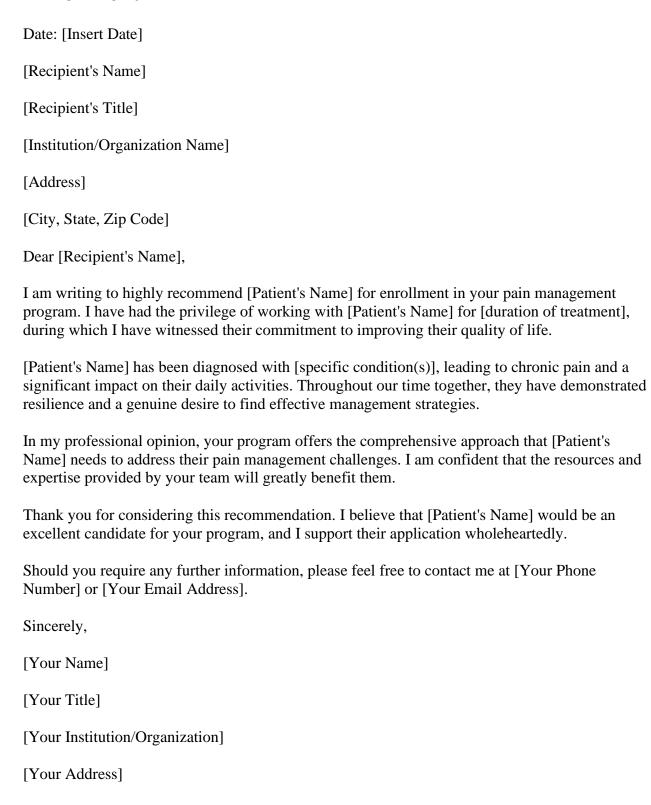
Letter of Recommendation for Pain Management Program Enrollment



[City, State, Zip Code]