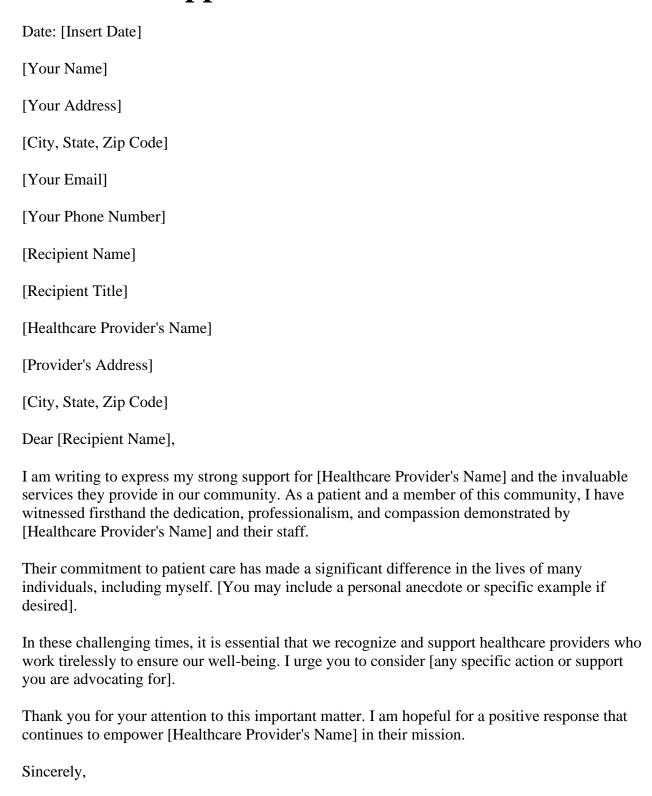
Letter of Support for Healthcare Provider



[Your Name]