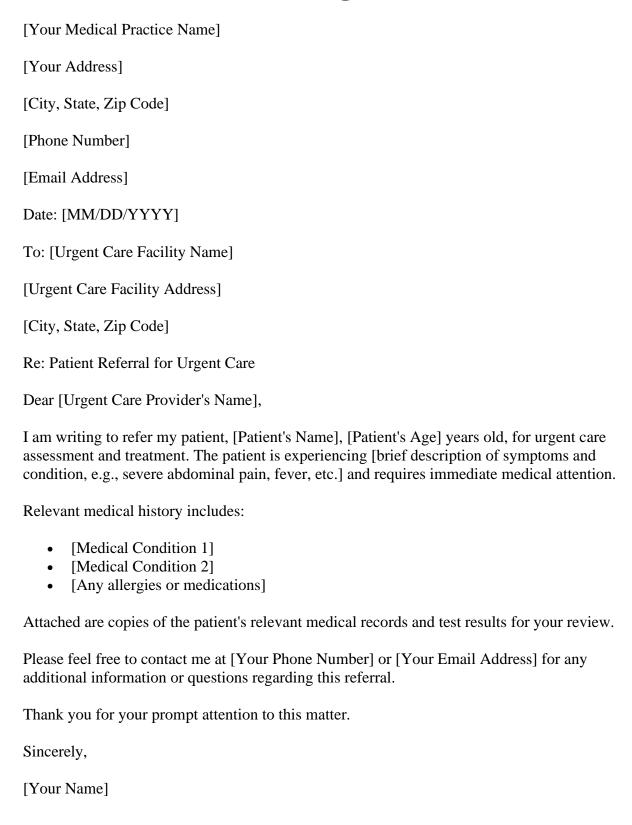
Patient Referral for Urgent Care Services



[Your Title]

[Your Medical Practice Name]