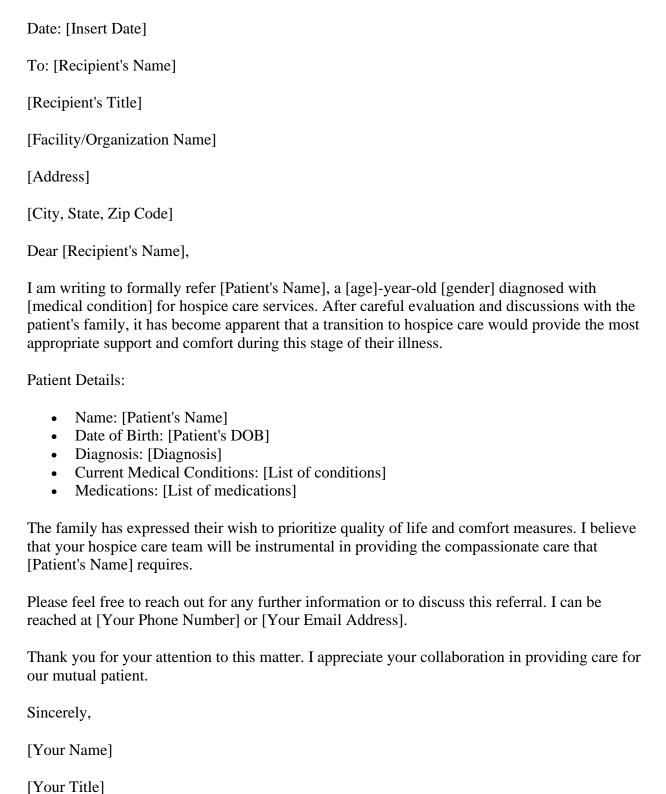
Hospice Care Services Referral



[Your Institution/Organization Name]

[Your Phone Number]

[Your Email Address]