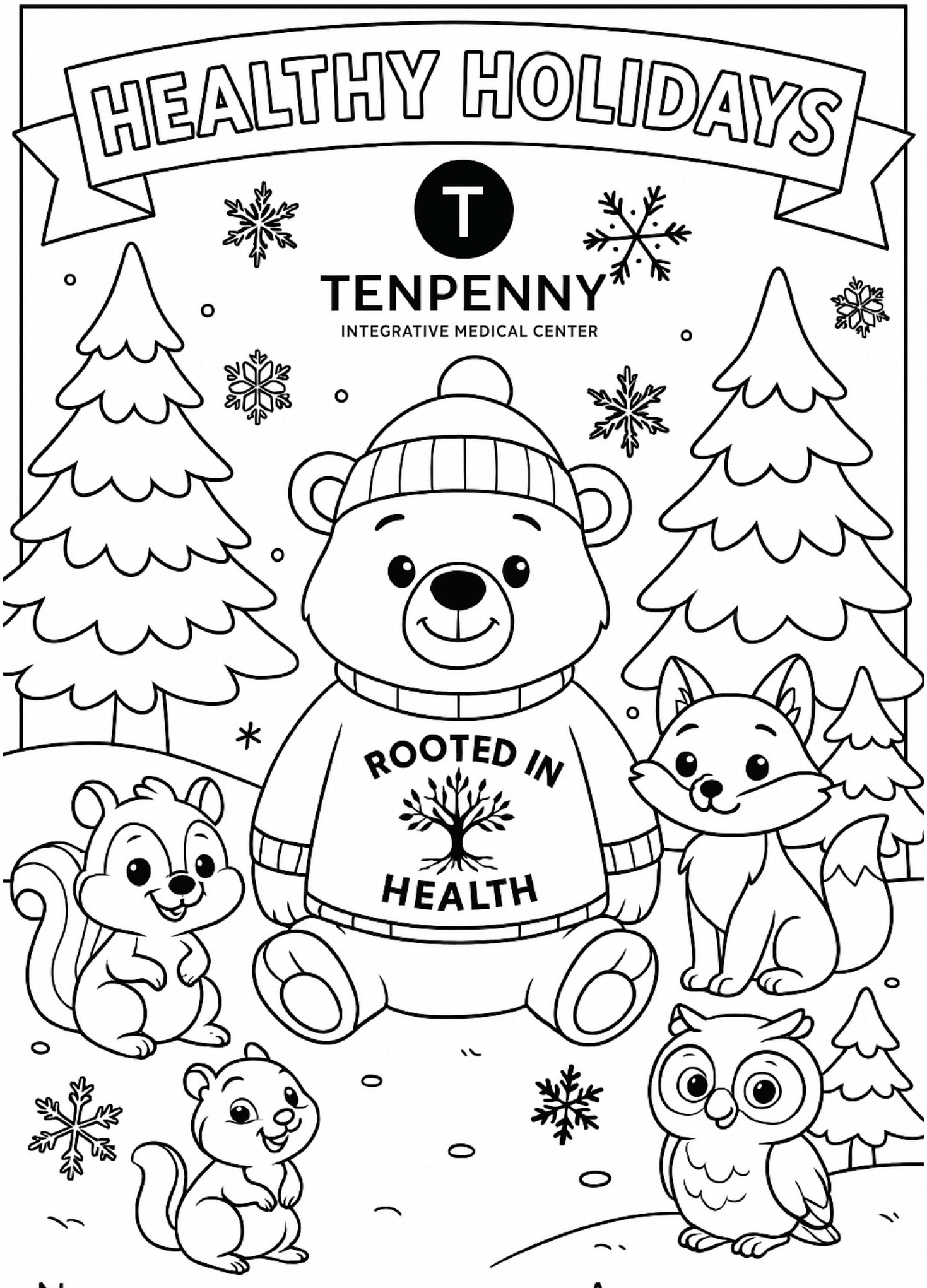
HEALTHY HOLIDAYS
TENPENNY
INTEGRATIVE MEDICAL CENTER
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HEALTH

Name _____ Age _____

Parent or Gaurdian Name: _____

Phone Number: _____