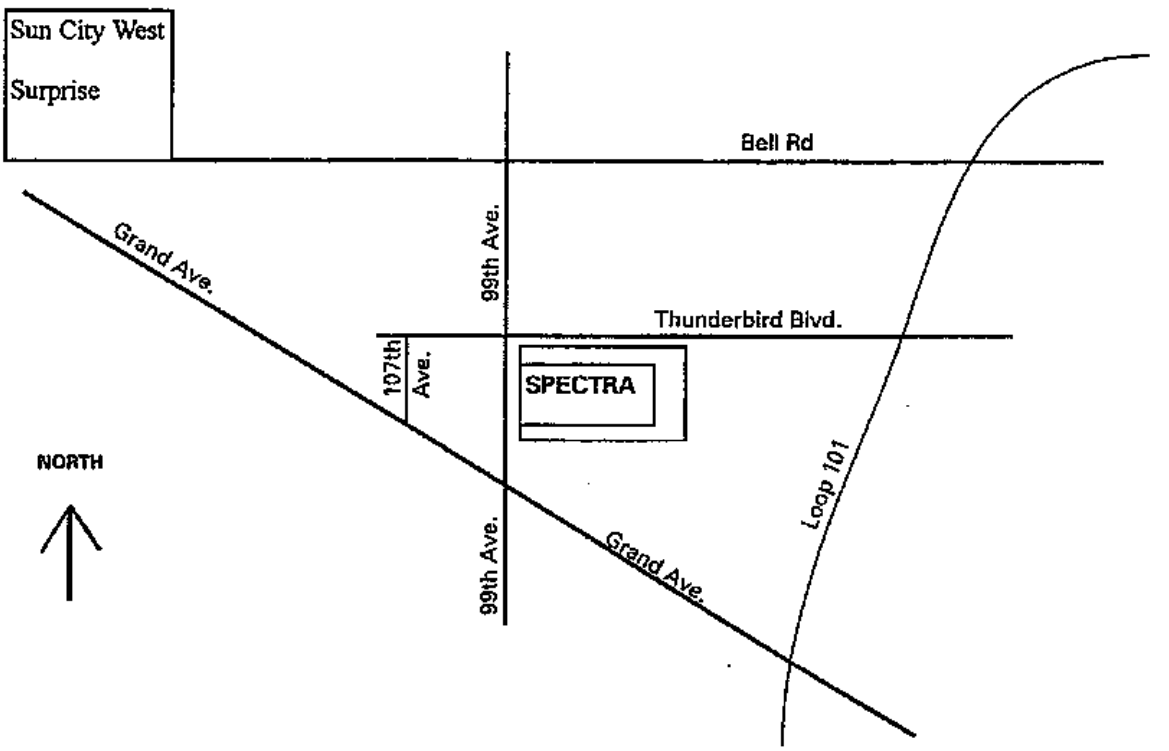
Important Information:

Date of Surgery: _____

Check-in Time: _____



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