

Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_

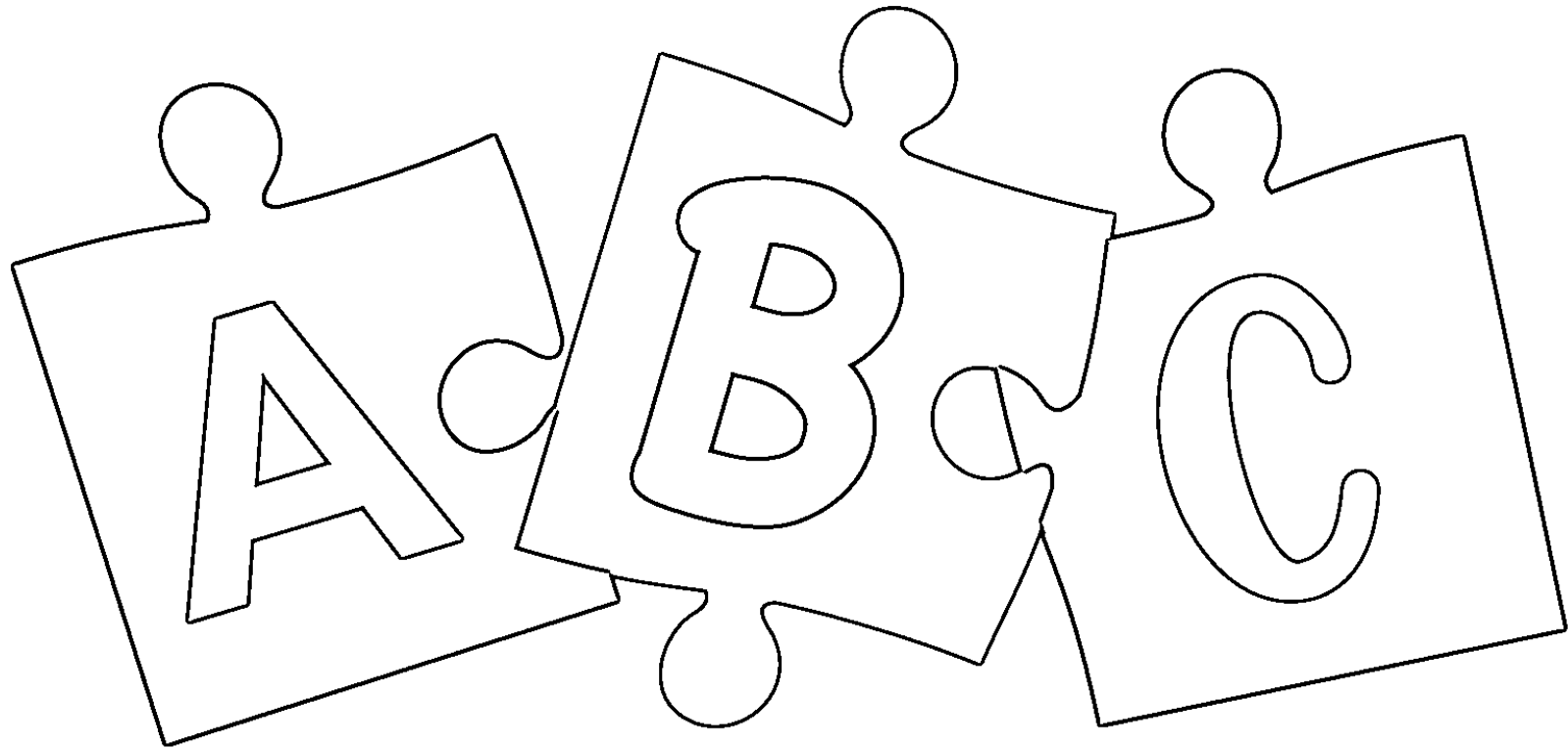
Email \_\_\_\_\_



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Phone \_\_\_\_\_

Email \_\_\_\_\_

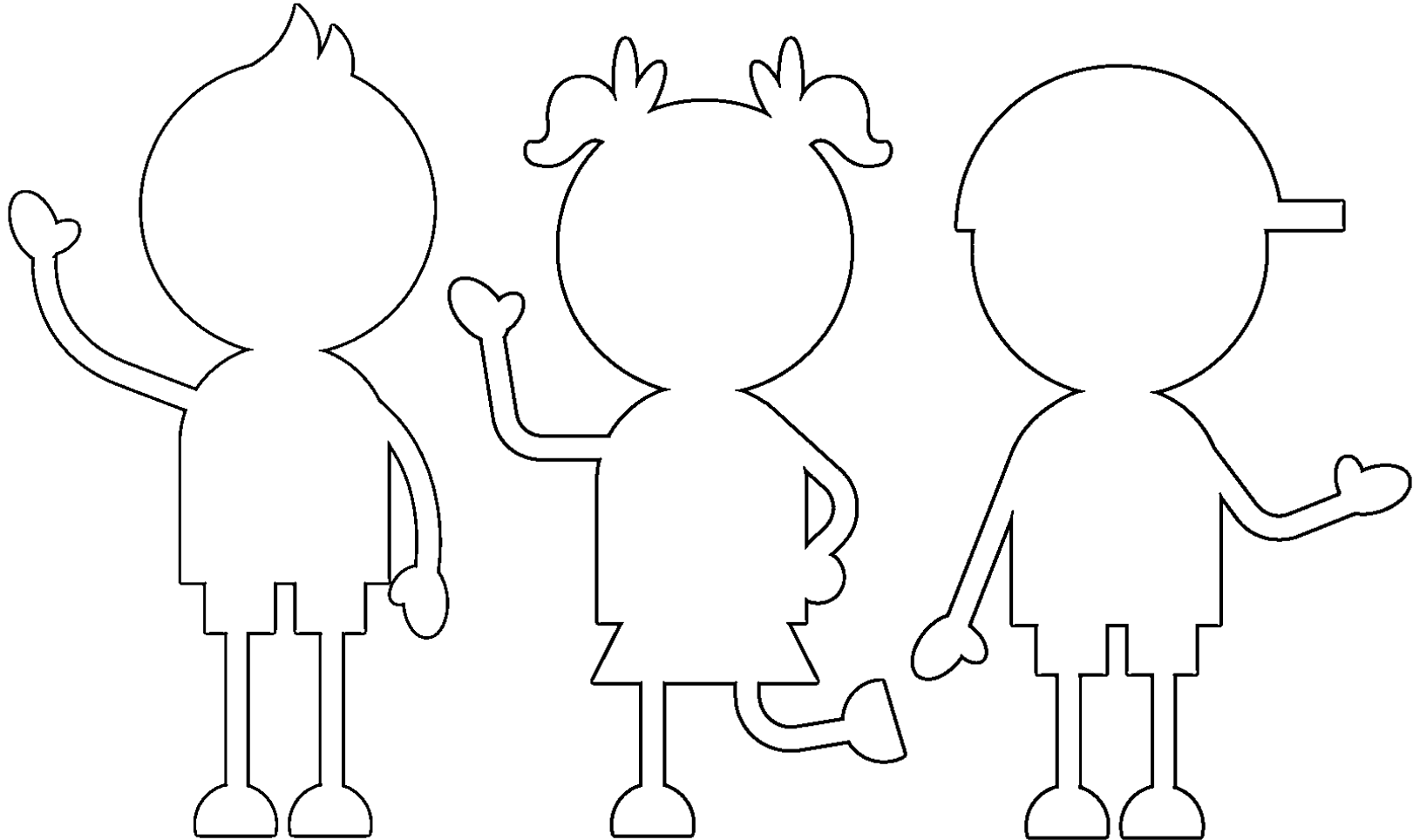


T H E R A P Y

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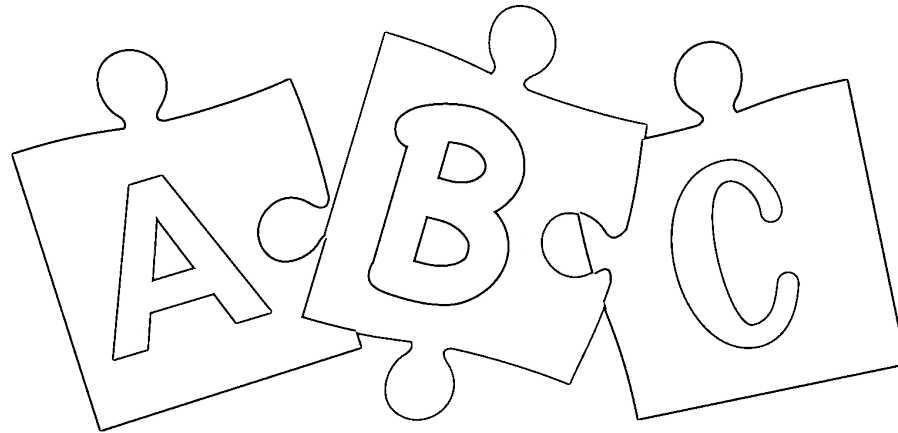
Email \_\_\_\_\_



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Phone \_\_\_\_\_

Email \_\_\_\_\_



T H E R A P Y

