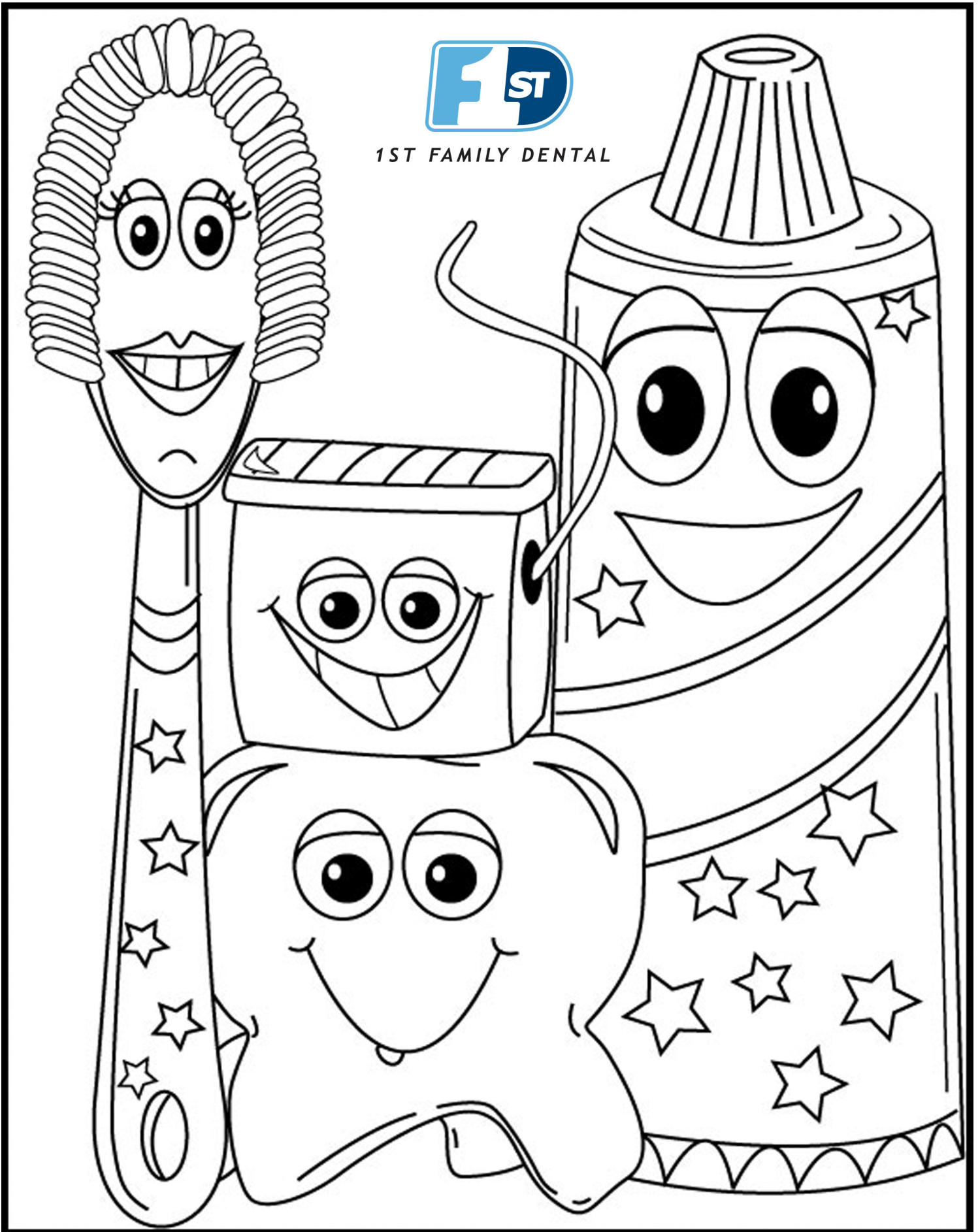




1ST FAMILY DENTAL



Name _____ Age _____ Phone _____