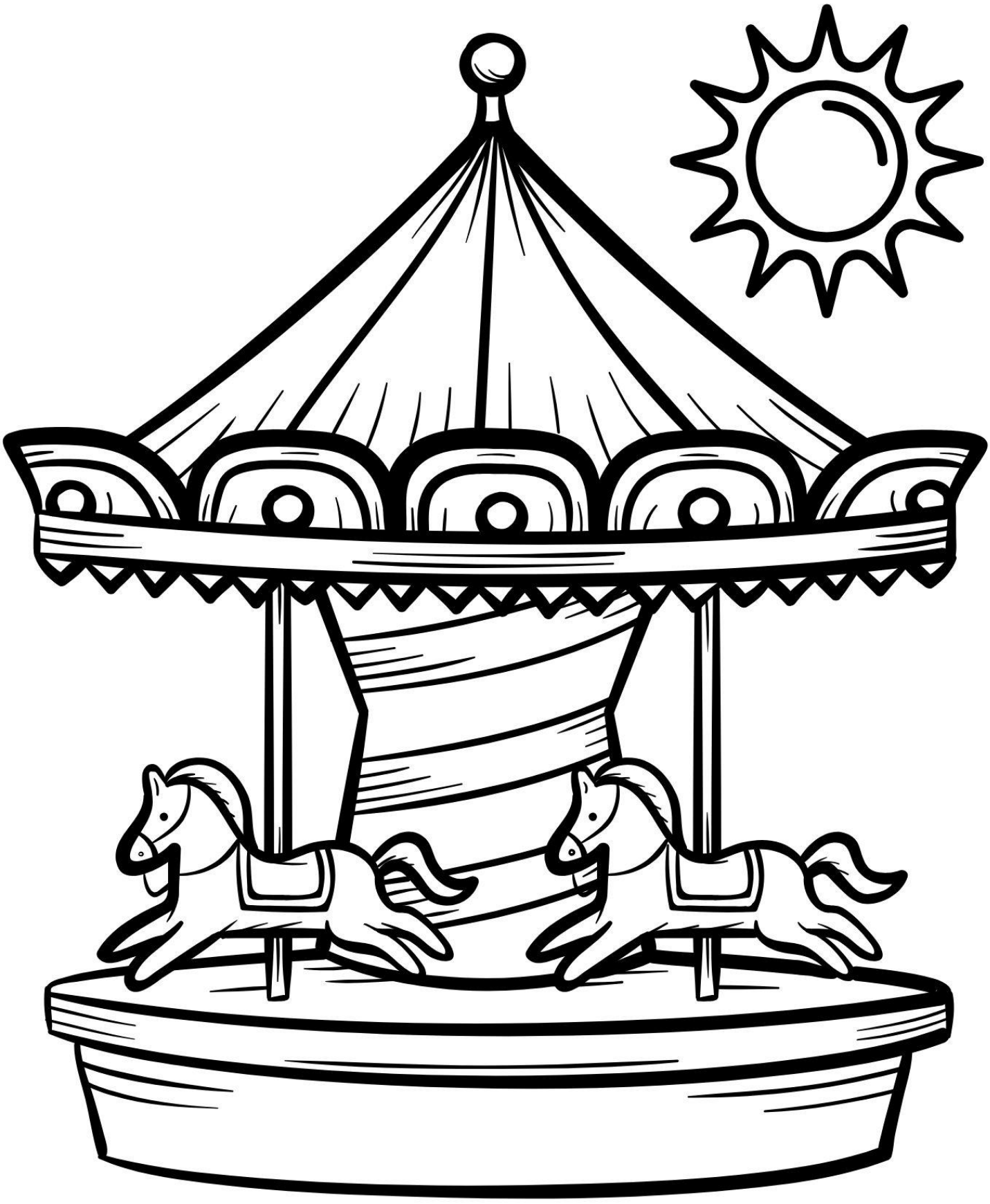

Artist's Name: _____

Artist's Age: _____

Parent Name: _____

Parent Phone Number: _____

Clinic Name: _____

PMR HEALTHCARE

SINCE 2005