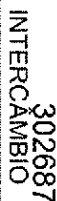


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Dados do Beneficiário

13-None	14- 618076	15-None 00 11167 00 11167 00
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ÉBDOE do Contalaco Responsavel pelo Tratamen

[illegible]26-Nome do Profissional ExercentePlano de Trabalho / Procedimentos Solicitados

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1. NAME Mr. J. H. Smith
 2. ADDRESS 123 Main St., New York, N.Y.
 3. CITY New York STATE N.Y. ZIP 10001
 4. DATE 10/15/54
 5. TIME 10:15
 6. PLACE Room 101
 7. BY J. H. Smith
 8. FOR Mr. J. H. Smith
 9. REMARKS See above
 10. INITIALS JHS
 11. SIGNATURE J. H. Smith
 12. DATE 10/15/54
 13. TIME 10:15
 14. PLACE Room 101
 15. BY J. H. Smith
 16. FOR Mr. J. H. Smith
 17. REMARKS See above
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