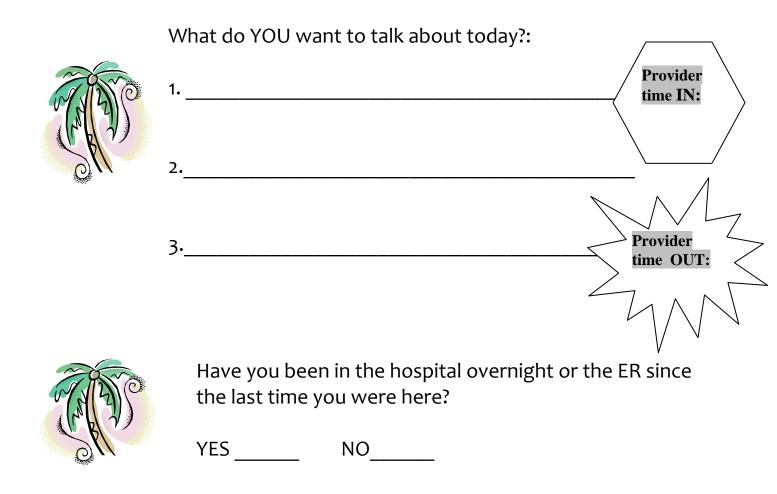
Dear	Patient,	,
D CG!	1 01010110	,

Date:

We want to improve your care, please take a moment to fill out these questions:



Thank you, Silver Ave. Family Health Center Team

MEA INITIAL:	START TIME:	STOP TIME: