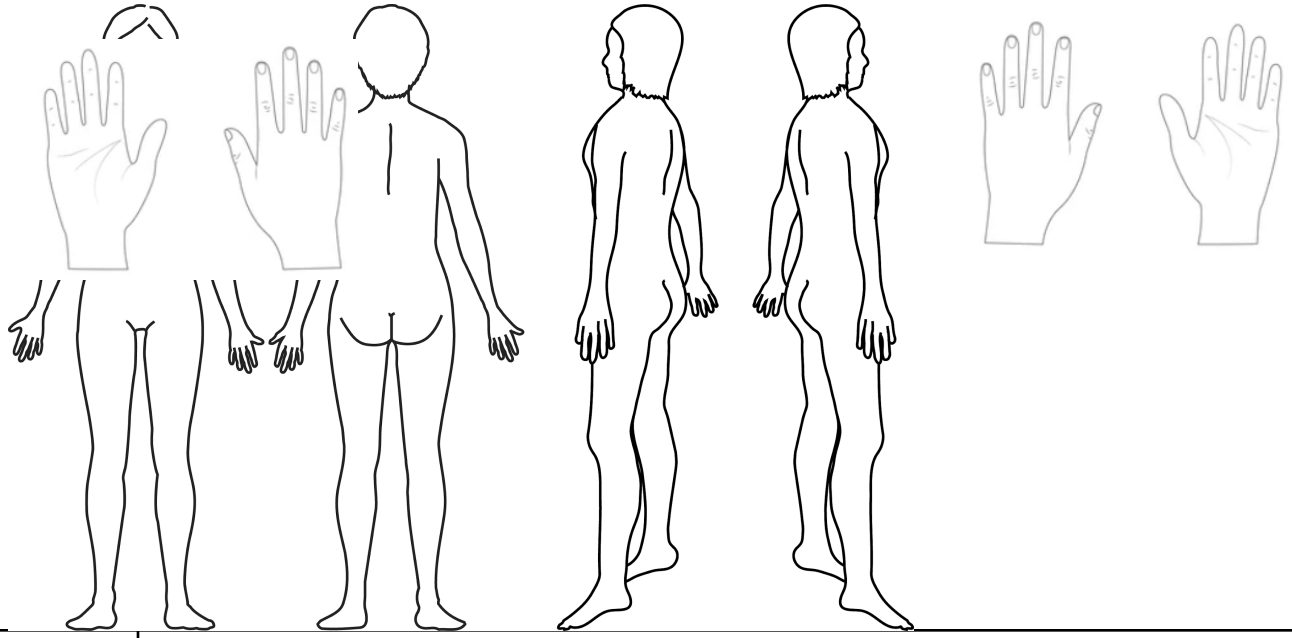
Harm Reduction Health

WOUND CARE

Name/Identification #:	Date of Birth:
Alias/Nickname:	



Date:	