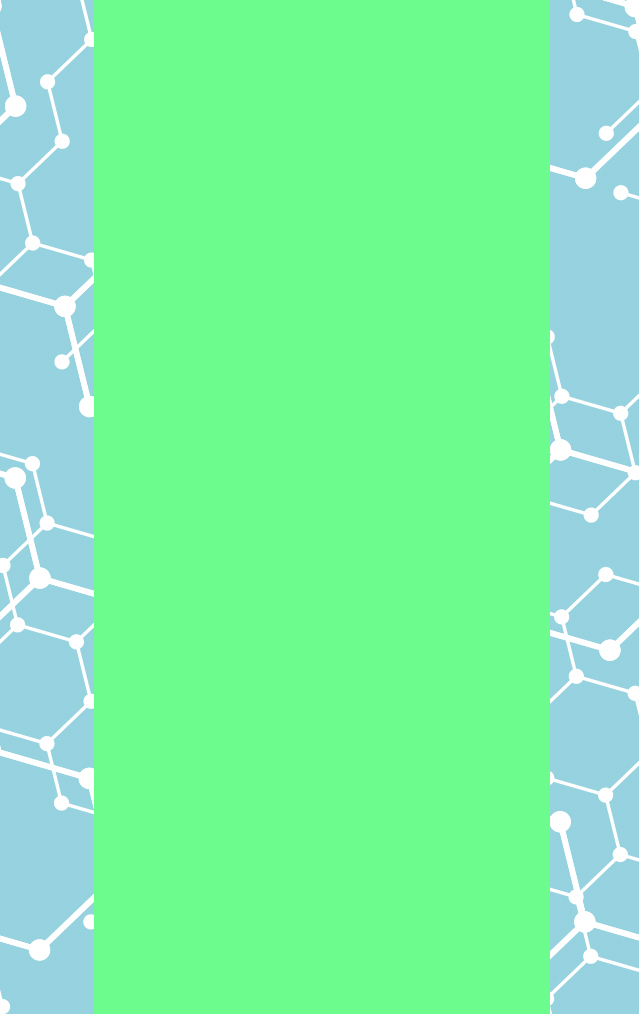


COMPANY NAME



**EXP DATE**

**CODE**

0892536437

**DATE OF BIRTH**

01-12-1989

02-15-2019

**JOHN** DOE

Medical Assistant

