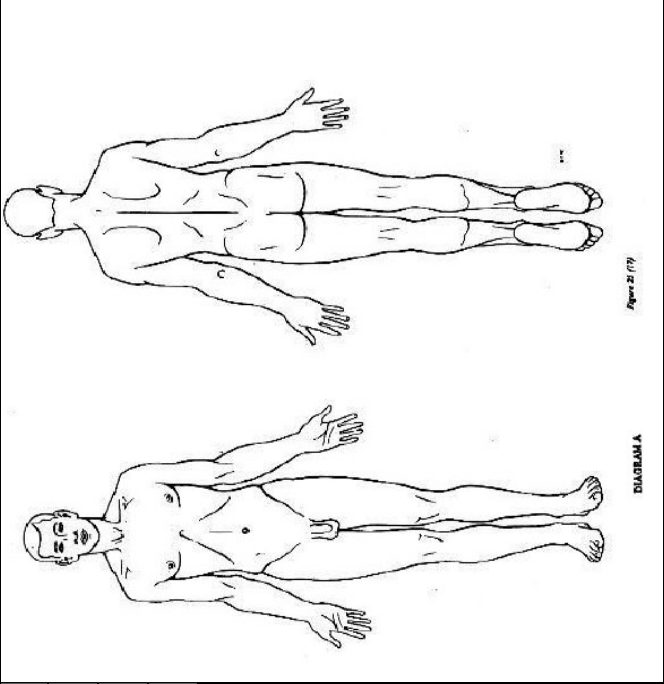


|         |  |  |  |                               |
|---------|--|--|--|-------------------------------|
|         |  |  |  | <p>Patient Identification</p> |
| Age:    |  |  |  |                               |
| Sex:    |  |  |  |                               |
| Weight: |  |  |  |                               |
|         |  |  |  |                               |