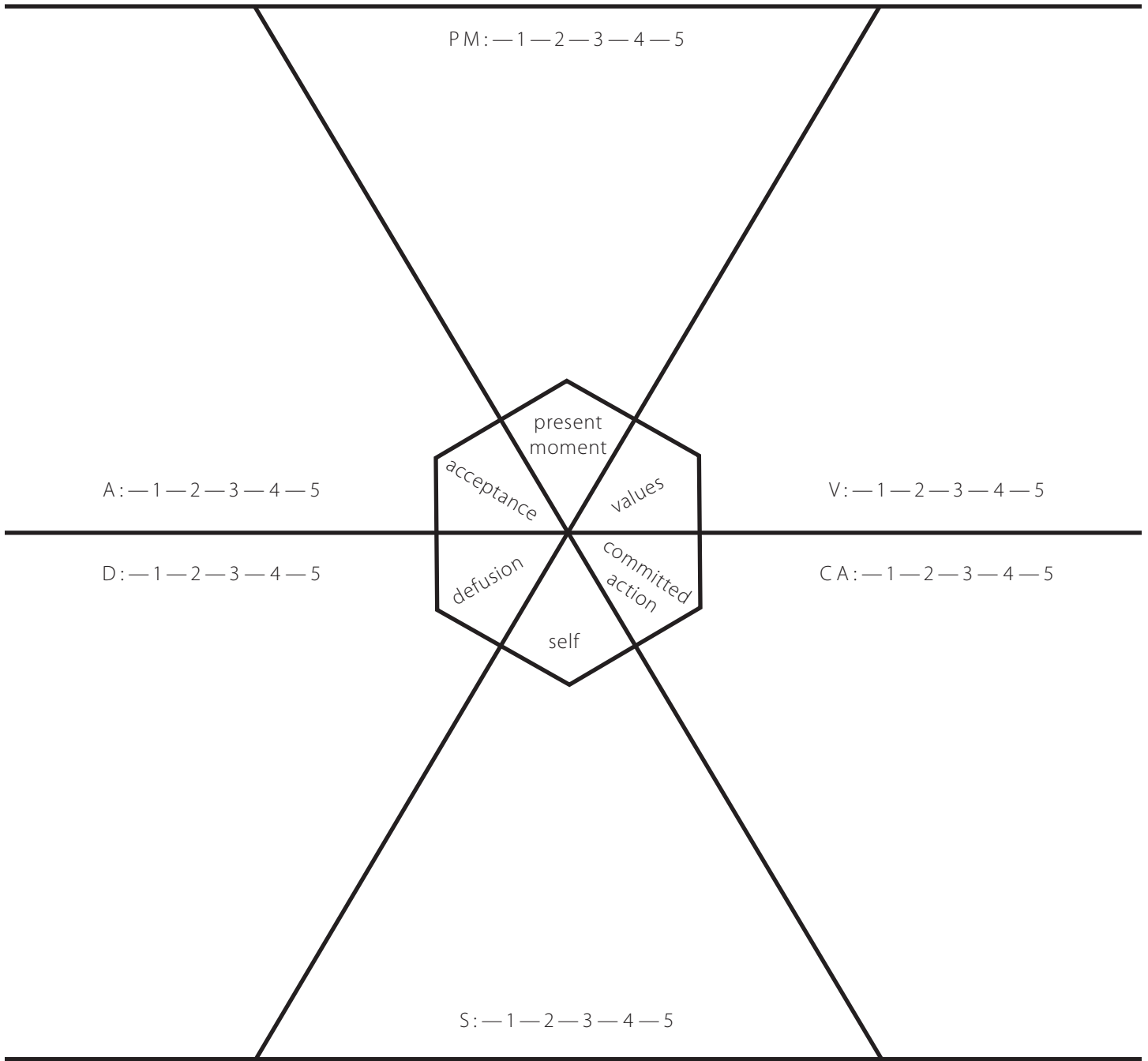


Hexaflex Diagnostic and Assessment



date: _____

client ID: _____