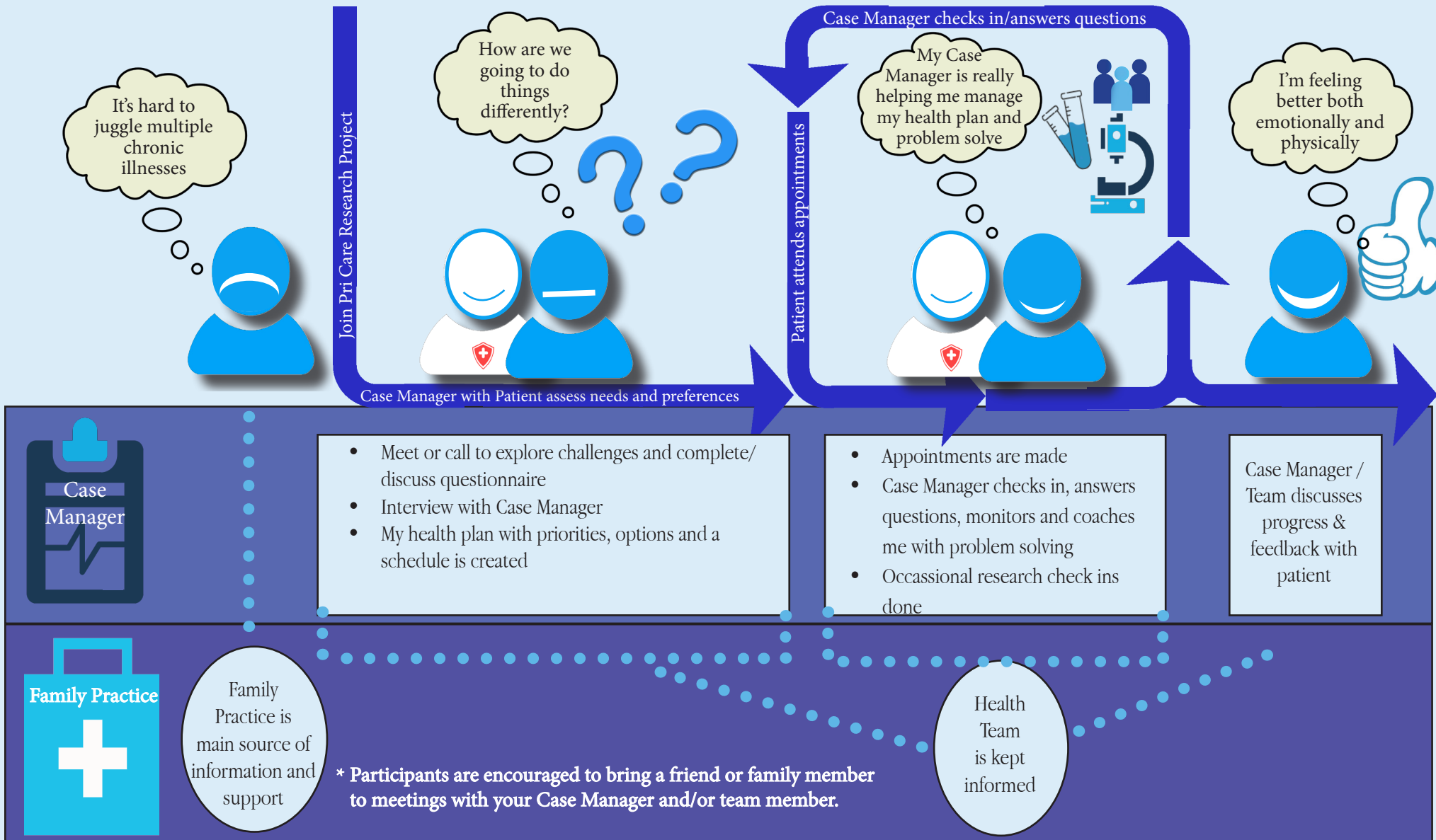


PriCARE - Patient Map



My Case Manager's Name: _____

Notes: _____

Telephone #: _____

Email: _____

File #: _____

