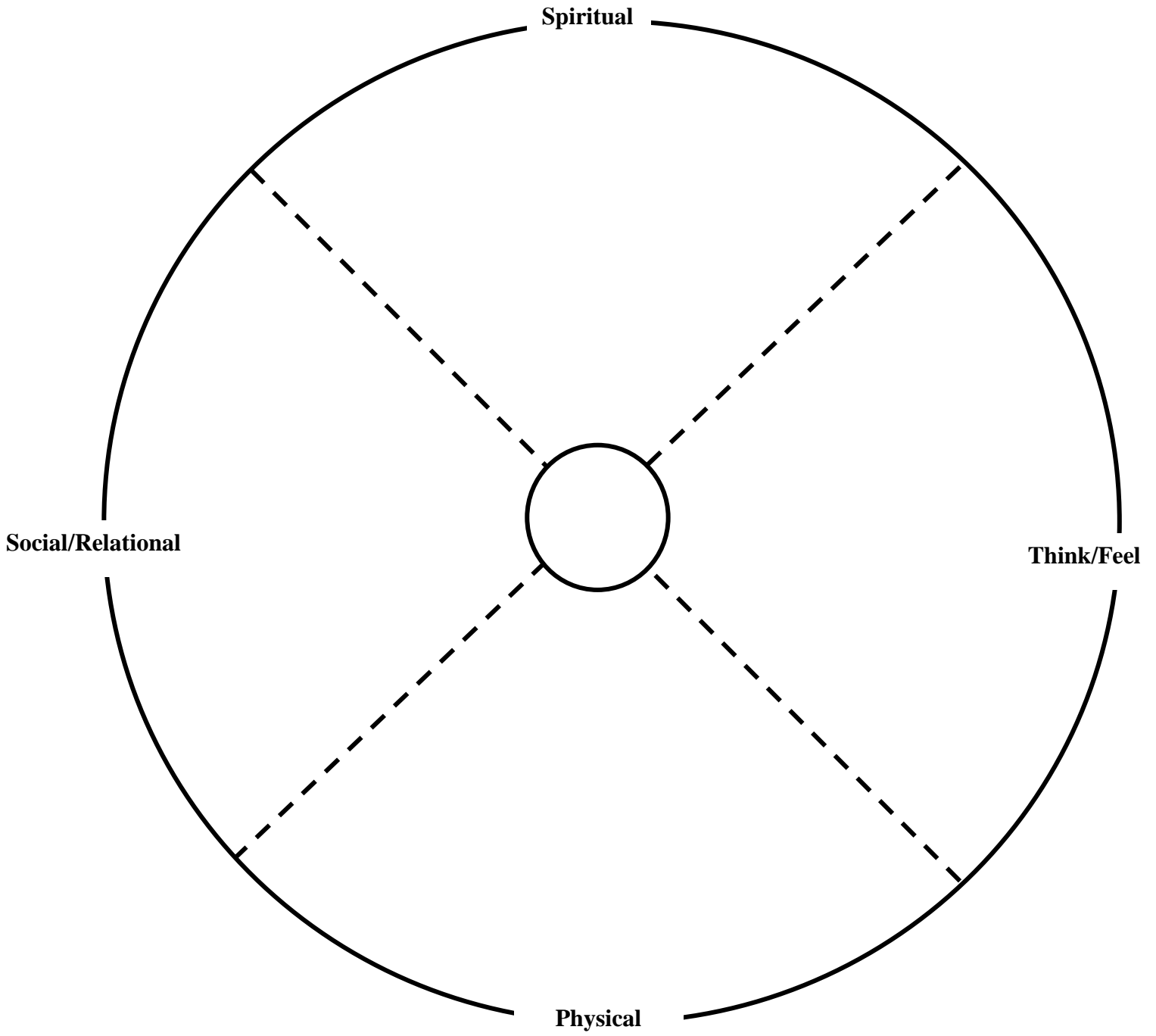


MEDICINE WHEEL



Topic: _____

Name

Date

MRN