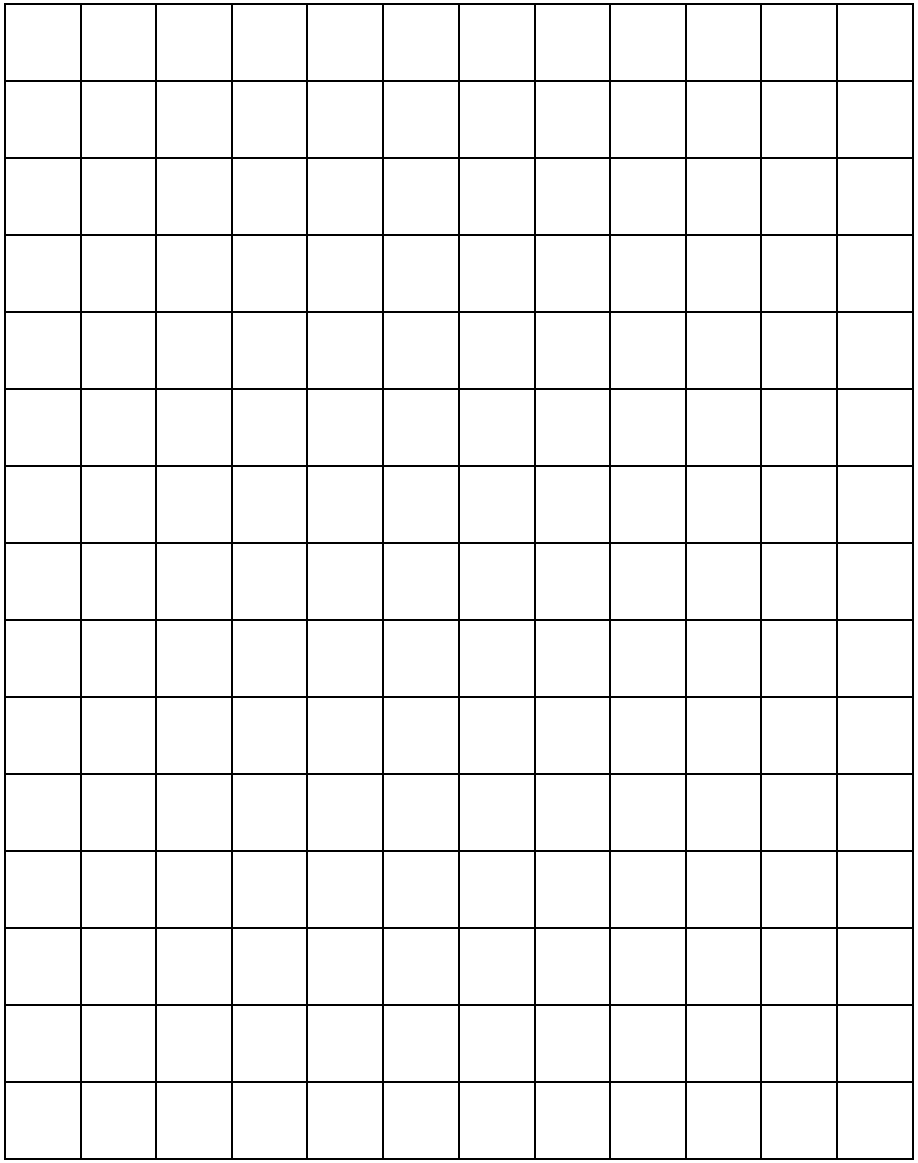
Regional Wounds Victoria
Gippsland

Name / UR _____

D.O.B _____

Location _____

Date _____



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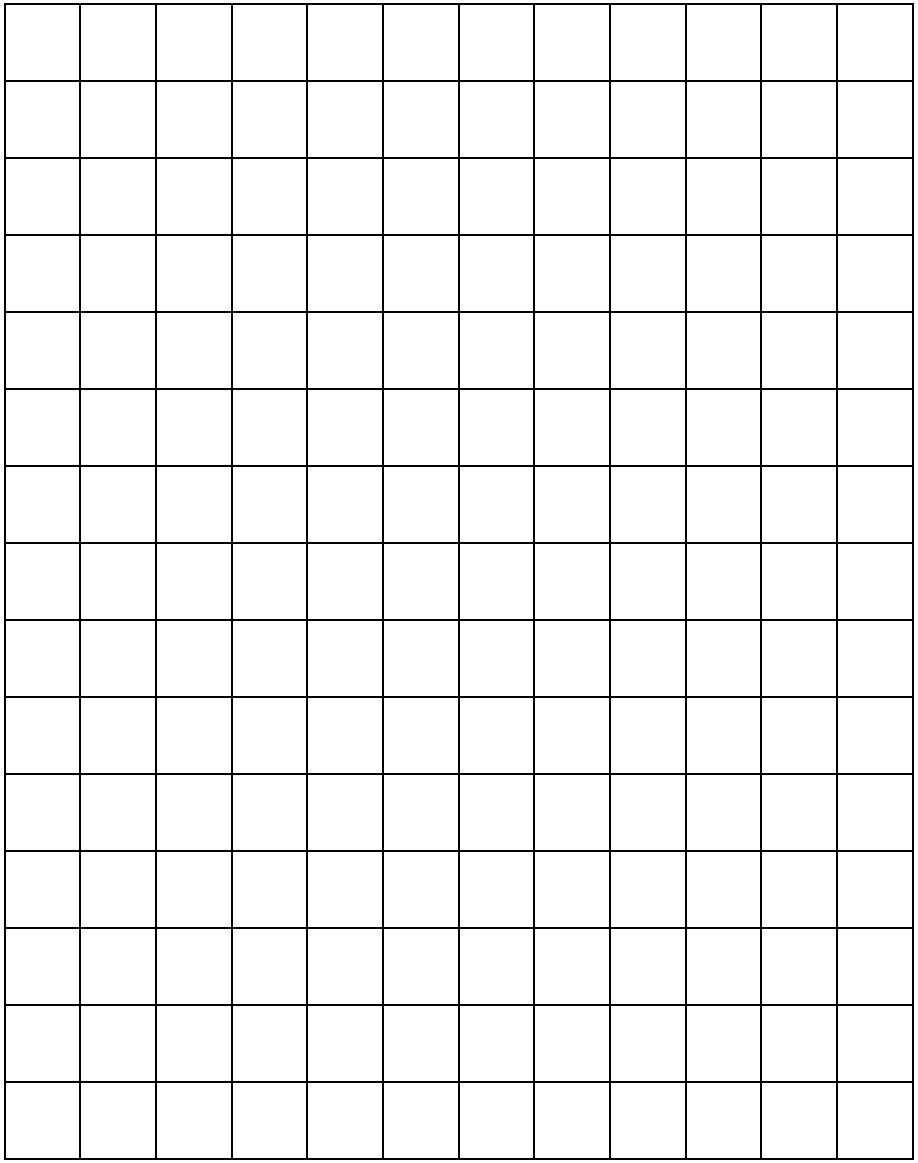
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