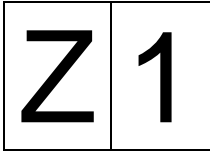


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Visit Receipt & A7 Coversheet

SMO	Functional Location	SAP Material
7841750	VIAMED-0009370214-000	200101389

Please sign below to acknowledge receipt of the assessment visit described in this report.

Signature: _____ Date:: _____

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