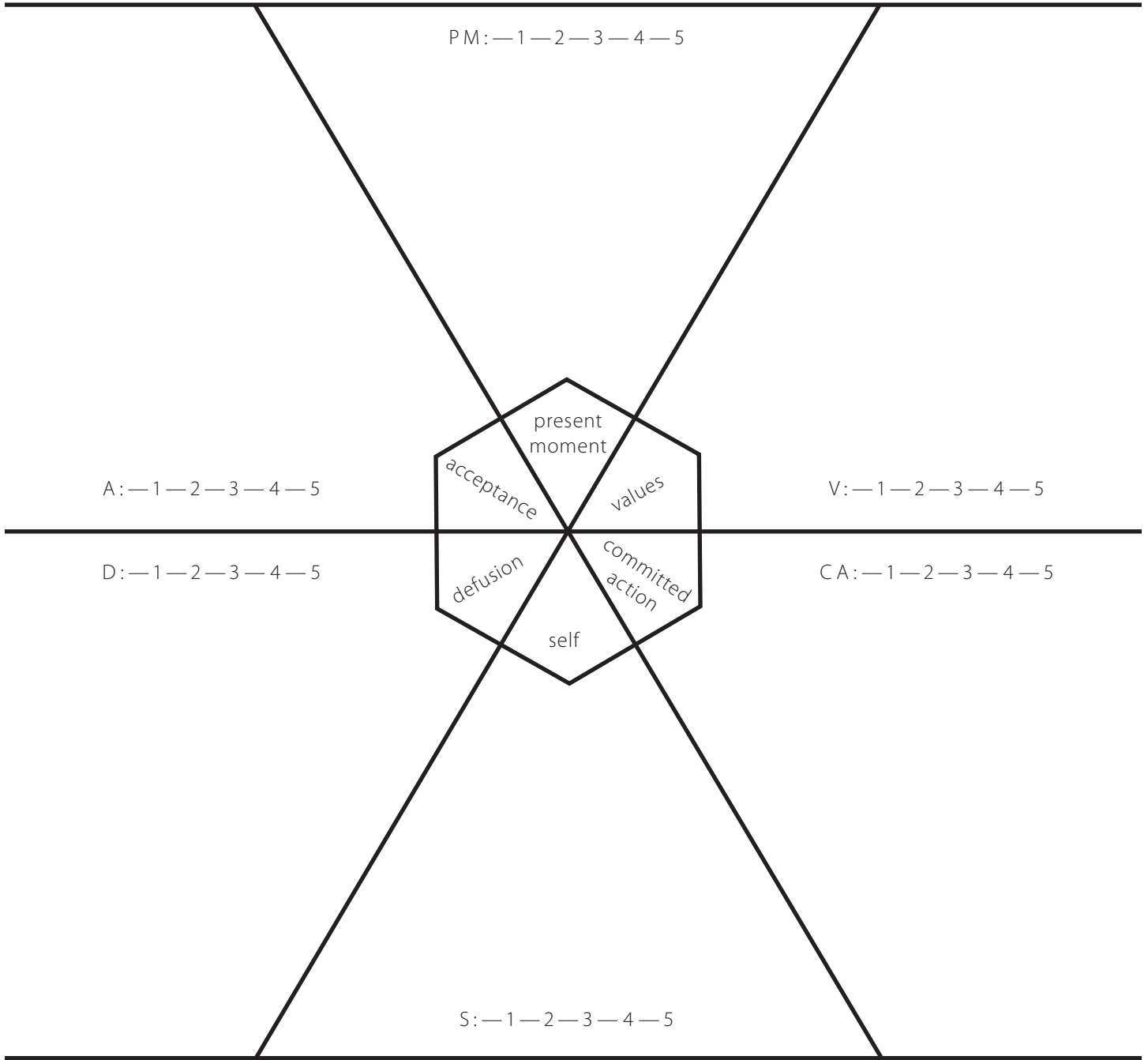


# Hexaflex Diagnostic and Assessment



date: \_\_\_\_\_

client ID: \_\_\_\_\_