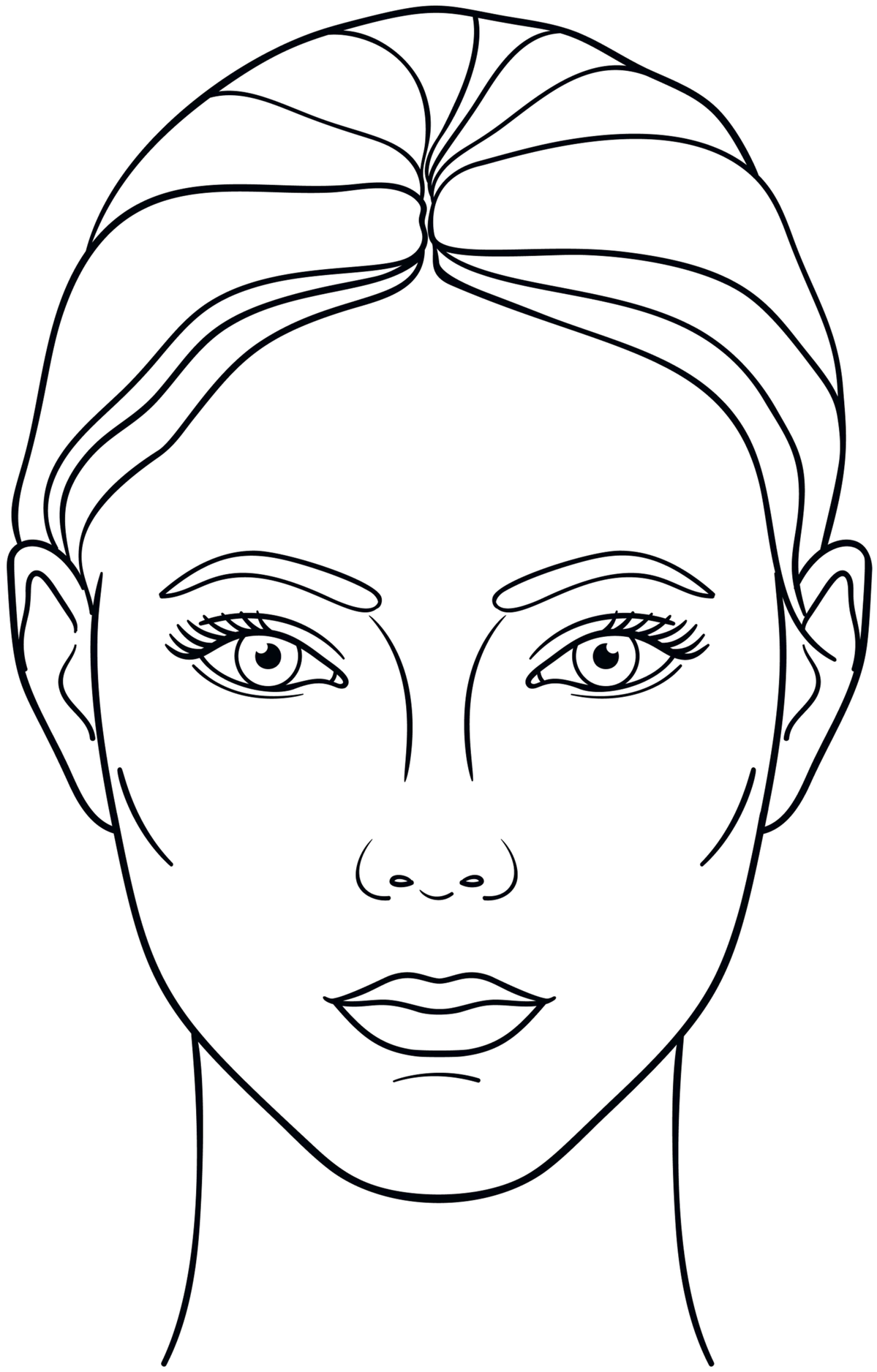
Injector Planner

Name: Date:

Address:

Phone: E-mail:

Emergency Contact:



Notes: