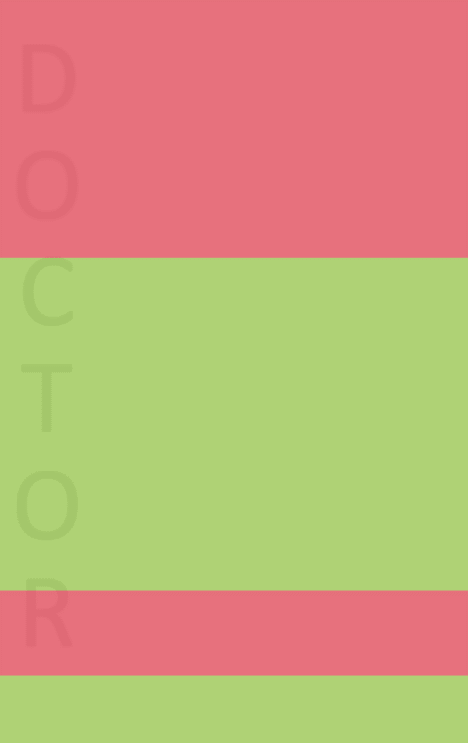
barcode.png

HOSPITAL NAME

DEPARTMENT

IDENTIFICATION CARD

EXPIRY DATE

ISSUE DATE

DD/MM/YYYY

DD/MM/YYYY

Dermatologist

Dr. First -Last Name