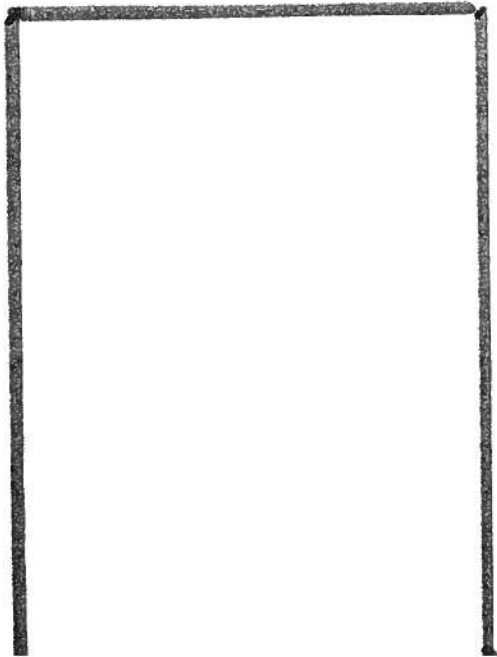


OHIP Card



Name

Health Card Number