



FLINT

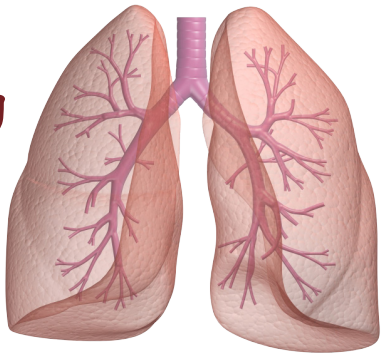
# Sorry we missed you

## Respiratory Therapy

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Please call when you are available for  
your breathing treatment



M-2656 (7/16)

