

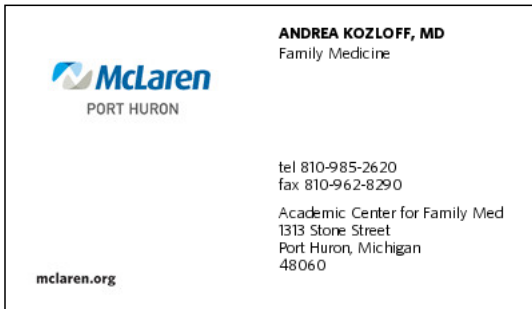
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**Business Card - Name: ANDREA KOZLOFF, MD**  
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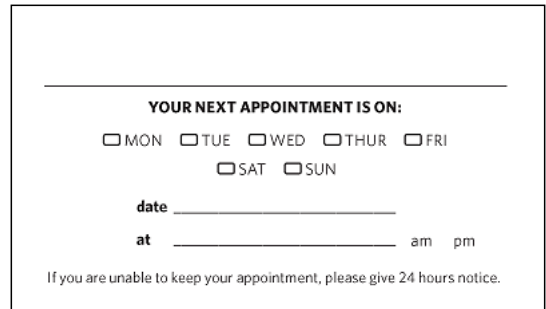
  
PORT HURON

**ANDREA KOZLOFF, MD**  
Family Medicine

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1313 Stone Street  
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48060

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**YOUR NEXT APPOINTMENT IS ON:**

MON  TUE  WED  THUR  FRI  
 SAT  SUN

**date** \_\_\_\_\_

**at** \_\_\_\_\_ am pm

If you are unable to keep your appointment, please give 24 hours notice.

**Name: ANDREA KOZLOFF, MD**  
**Title: Family Medicine**  
**Title2:**  
**Address: 1313 Stone Street**  
**Office: Academic Center for Family Med**  
**City: Port Huron**  
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**Email2:**  
**Dept1:**  
**Dept2:**

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