

Sheet1

DENTIST,C,25 FAM_DOC,C,25 MIDDLE,C,15 FAX,C,12 CUST_NUM,C,11 DATE,D CODE,C,3

Sheet1

LAST_NAME,C,20	FIRST_NAME,C,15	ADDRESS,C,25	CITY,C,20	STATE,C,2	ZIP,C,10
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Sheet1

TELEPHONE,C,12 COMMENTS1,C,55 BLOOD_TP1,C,2 BLOOD_TP2,C,3 BIRTH_DATE,D

HEAD_HOUSE,C,25 ORGAN_DNR,L