

Sheet1

DUE_DATE,DPARENTS,C,5ADDRESS,C,CITY,C,20 STATE,C,2 ZIP,C,10 HOME_PHON

Sheet1

WORK_PHOMOM_SS,C,1:DAD_SS,C,11DOCTOR,C,2\DR_ADDRES:DR_CITY,C,2\DR_STATE,C

Sheet1

DR_ZIP,C,10 DR_PHONE,CNURSE,C,20 OFFICE_HRSMOM_BLOODDAD_BLOOD,PHARMACY,C

Sheet1

P_PHONE,C,INSURANCE,POLICY_NO,INS_PHONE,EMERGENCYEMERG_NUMWESTART,D
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