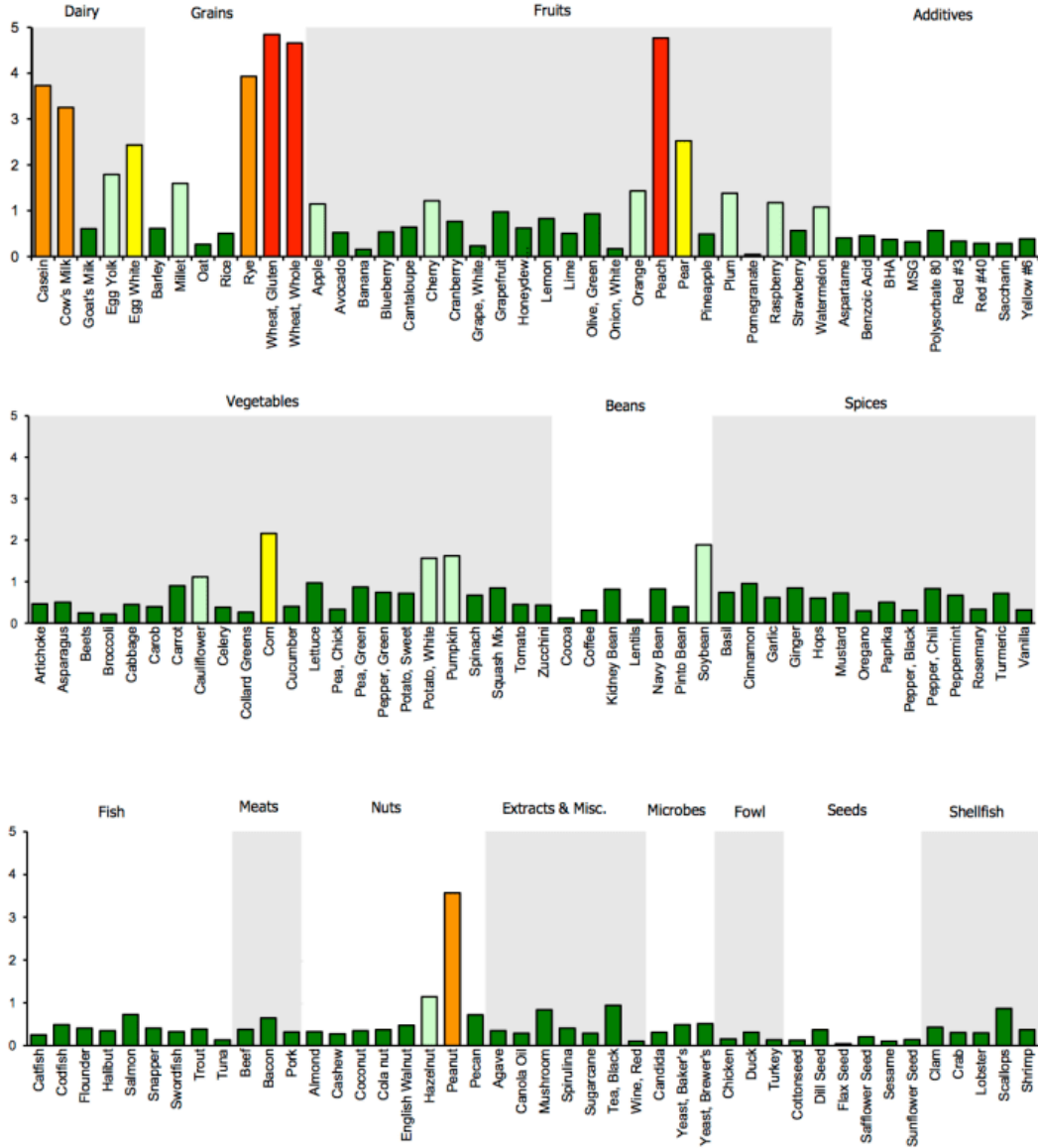




Name : Last Name, First Name
 Doctor: Provider 1
 Sample Type: Serum

- Severe Reaction 4+
- High Reaction 3+
- Moderate Reaction 2+
- Mild Reaction 1+
- No Reaction Negative



FITTEST - 132 FOODS