



HEALTH SERVICE
DEPARTMENT
OF HEALTH
 1. (Name)
 2. (Address)
 3. (City)
 4. (Postcode)
 5. (Telephone No.)
 6. (Fax No.)
 7. (E-mail)

Reference: H/12345
Date: 15/01/2023

Page 1
Subject: [REDACTED]
Section: [REDACTED]
Item: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]