DATE: **NEW YORK** **PAGE:**

FAMILY PLANNING PATIENT LIST

AGENCY: **CLINIC:**

PATIENT ID	DATE OF BIRTH	DATE OF VISIT	VISIT TYPE	SEX	PATIENT ID	DATE OF BIRTH	DATE OF VISIT	VISIT TYPE	SEX
11111	4/2/2000	12/31/2017	1	1	33333	5/3/1990	12/20/2017	3	2

PURGE DATE: **NEW YORK STATE** **PAGE:**

FAMILY PLANNING PURGED CLIENT LIST

AGENCY: **CLINIC:**

CLIENT ID	DATE OF BIRTH	DATE OF VISIT		CLIENT ID	DATE OF BIRTH	DATE OF VISIT
88888	4/2/2000	12/31/2017		99999	5/3/1990	12/20/2017