

DEA# \_\_\_\_\_

**LOUIS LEONE, D.O.**

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440-285-8585  
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NAME JEFF TALON

ADDRESS \_\_\_\_\_ DATE 3/2/06

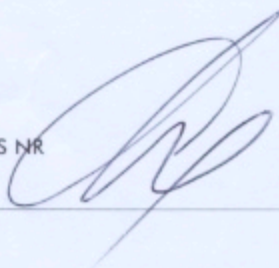
Rx

*YOUR MEDICAL CERTIFICATE  
WAS BEEN DEFERRED  
TO THE FAA*

*AME # 21083*

LABEL

REFILL \_\_\_\_\_ TIMES NR



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D.O.