

CLC	CLC ID	CLC NAME	CLC TYPE	CLC ADDRESS	CLC PHONE	CLC FAX	CLC EMAIL	CLC WEBSITE	CLC STATUS	CLC CATEGORY	CLC SUB-CATEGORY	CLC SPECIALTY	CLC SERVICES	CLC NOTES	CLC COMMENTS
001	001	001	001	001	001	001	001	001	001	001	001	001	001	001	001

CLINIC ID	CLINIC NAME	CLINIC TYPE	CLINIC ADDRESS	CLINIC PHONE	CLINIC FAX	CLINIC EMAIL	CLINIC WEBSITE	CLINIC HOURS	CLINIC SERVICES	CLINIC STATUS	CLINIC NOTES	CLINIC COMMENTS
001	000001	000001	000001	000001	000001	000001	000001	000001	000001	000001	000001	000001

