

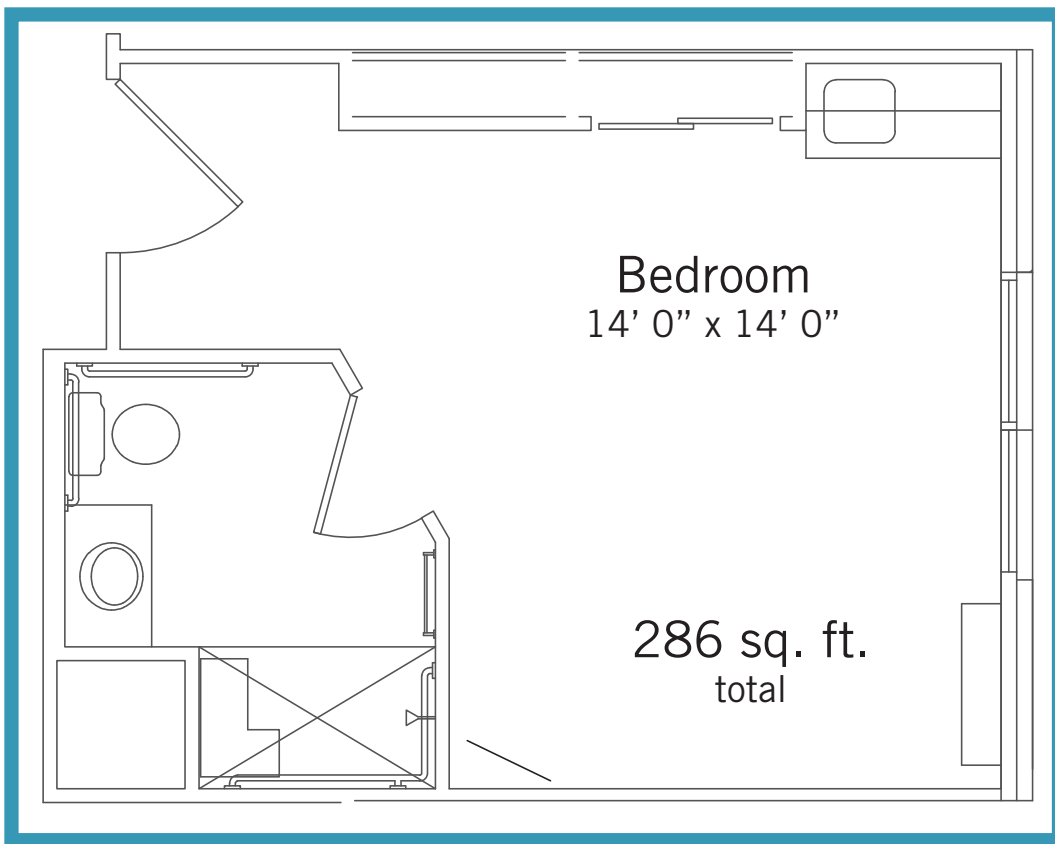


CAPITAL HEALTH

GARDENS OF SCIOTO

Assisted Living Community

Garden Studio



Date _____ / _____ / _____ Name _____

Apt. No. _____ Apt. Rate _____ Expires _____ / _____ / _____

Notes _____

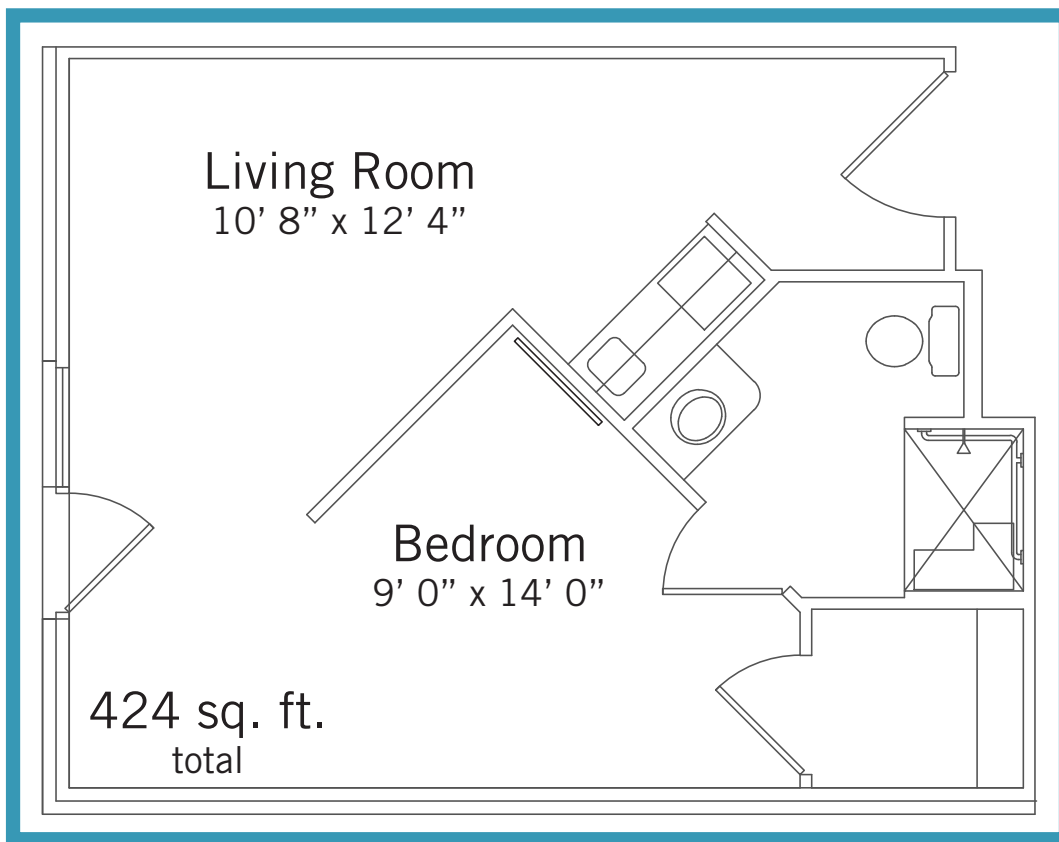


CAPITAL HEALTH

GARDENS OF SCIOTO

Assisted Living Community

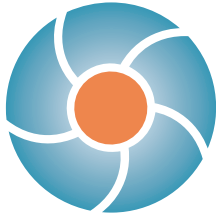
Sunflower Suite



Date _____ / _____ / _____ Name _____

Apt. No. _____ Apt. Rate _____ Expires _____ / _____ / _____

Notes _____

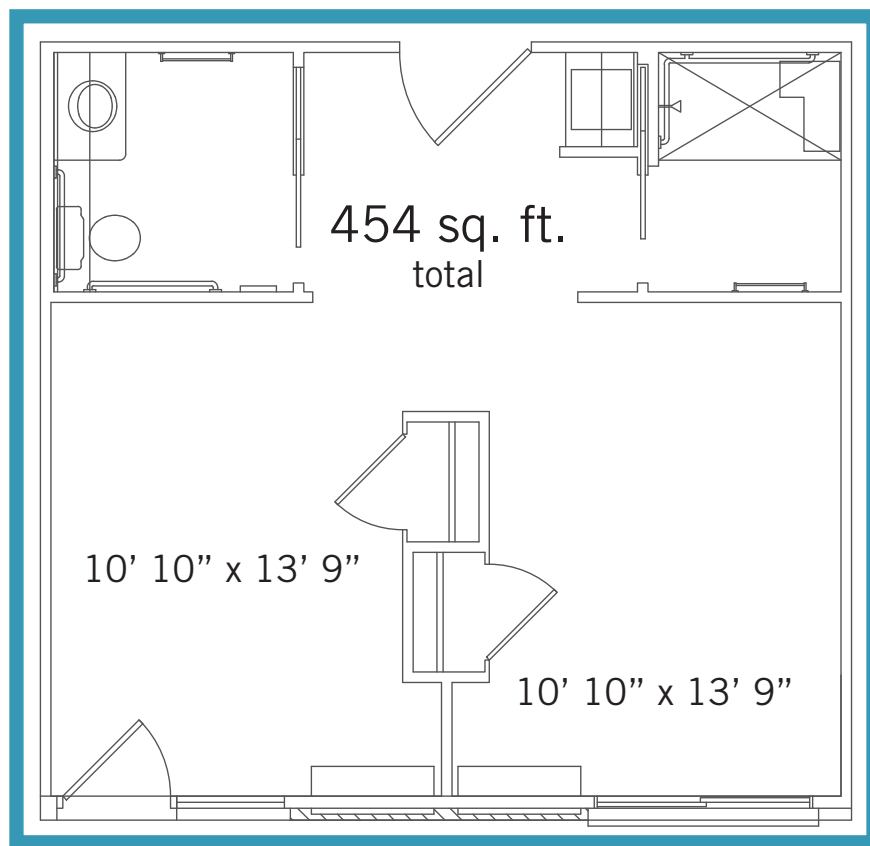


CAPITAL HEALTH

GARDENS OF SCIOTO

Assisted Living Community

Daffodil Deluxe



Date _____ / _____ / _____ Name _____

Apt. No. _____ Apt. Rate _____ Expires _____ / _____ / _____

Notes _____

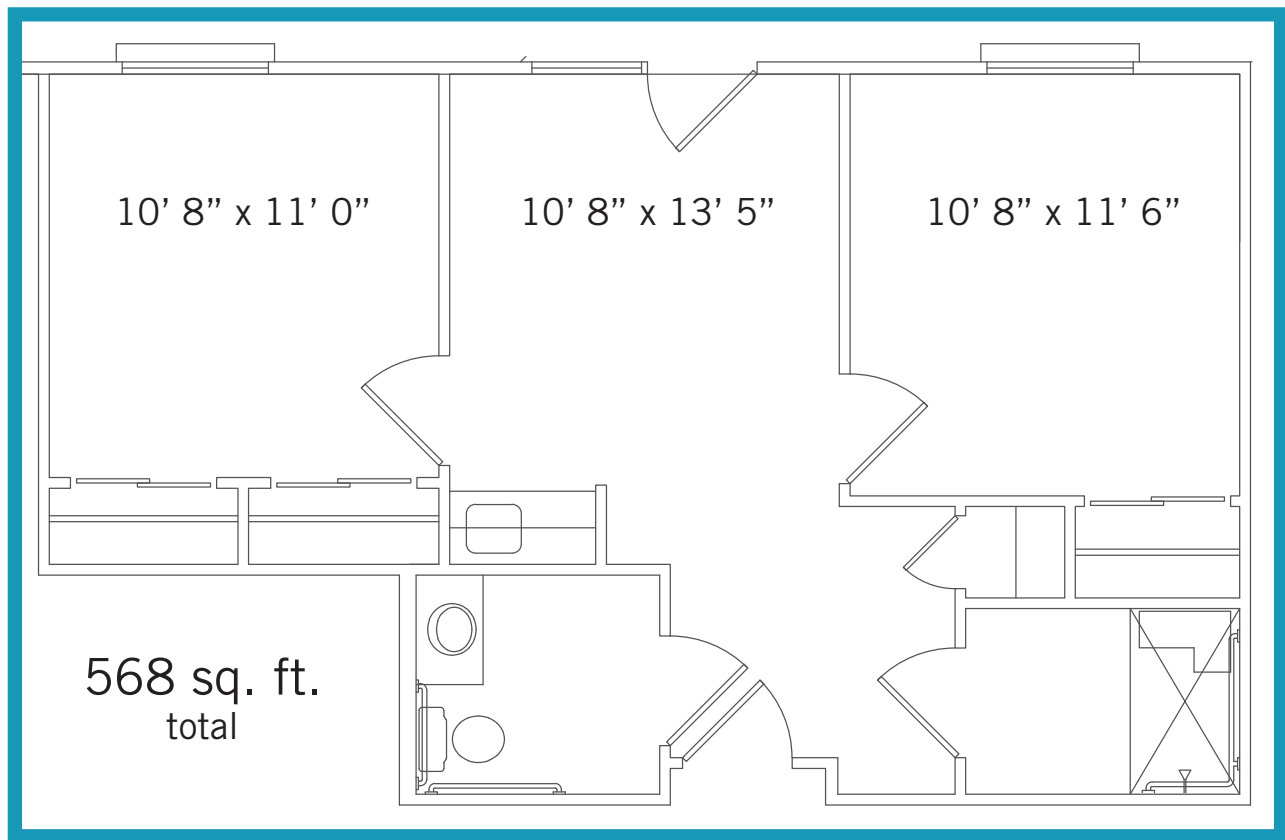


CAPITAL HEALTH

GARDENS OF SCIOTO

Assisted Living Community

Mediterranean Two Bedroom



Date _____ / _____ / _____ Name _____

Apt. No. _____ Apt. Rate _____ Expires _____ / _____ / _____

Notes _____

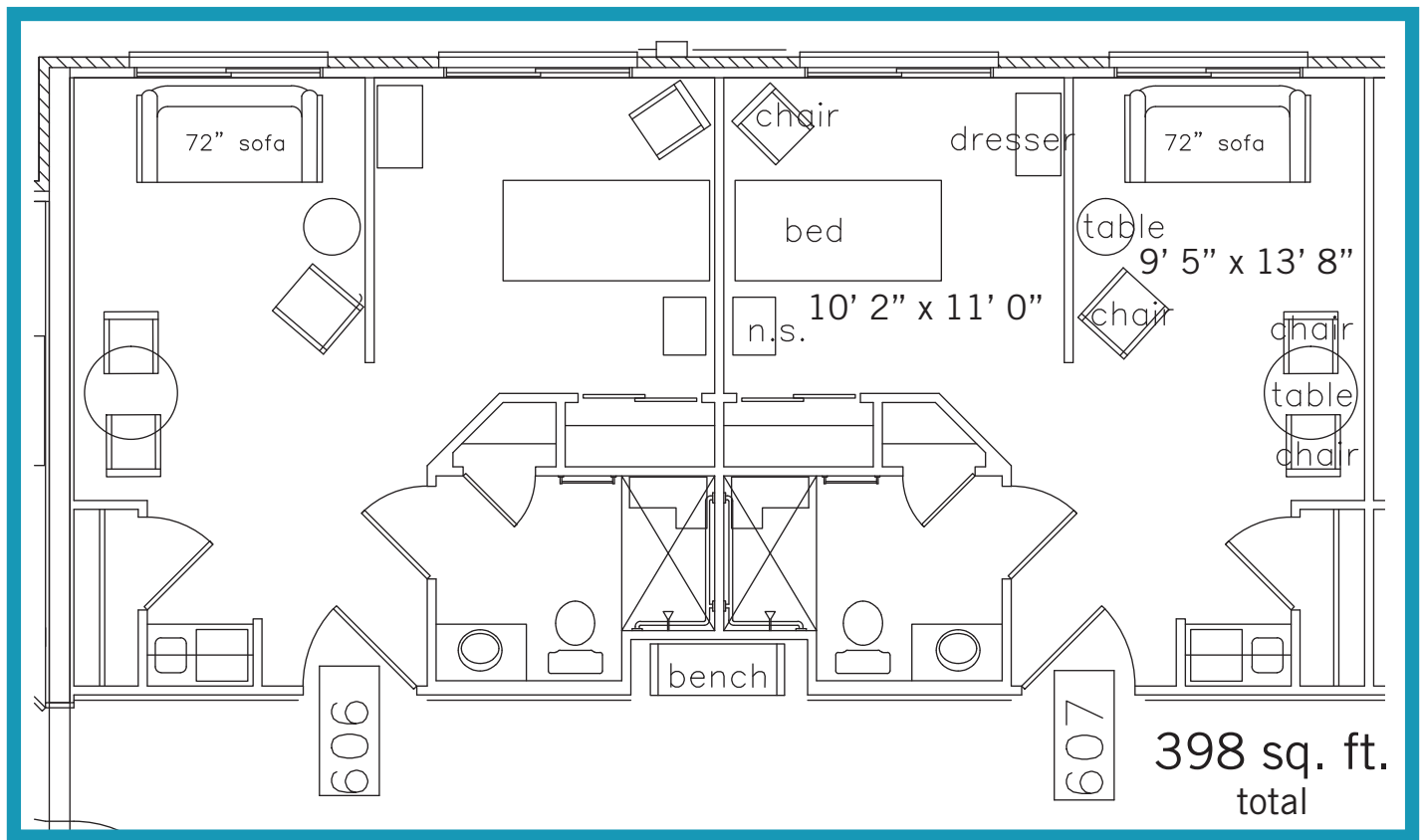


CAPITAL HEALTH

GARDENS OF SCIOTO

Assisted Living Community

The Tuscany



Date _____ / _____ / _____ Name _____

Apt. No. _____ Apt. Rate _____ Expires _____ / _____ / _____

Notes _____
