

FLUX_383

2026-02-08 → 2026-02-11

Dante Sisofo

WHAT IS FLUX

FLUX is an open-source chronological photography publishing system.

36 photographs become one complete numbered issue.

The system generates:

- PDF publication
- contact sheet
- metadata manifest
- printable issue

STEP_01

CAPTURE

CAMERA: compact digital camera
FILE TYPE: small JPEG
COLOR MODE: high contrast
monochrome

PURPOSE:

- eliminate processing
- eliminate workflow friction
- maximize speed

STEP_02

SELECT

SELECT 36 PHOTOGRAPHS

REVIEW PHOTOGRAPHS
AS SMALL THUMBNAILS

MAKE FINAL SELECTIONS
QUICKLY

DO NOT:

- overedit
- oversequence
- overanalyze

STEP_03

UPLOAD

UPLOAD 36 JPEG FILES AT:

flux.dantesisofo.com
/generator/

STEP_04

SYSTEM AUTOMATION

SYSTEM AUTOMATICALLY:

- reads timestamps
- preserves chronological order
- generates derivatives
- creates metadata
- generates contact sheet
- generates issue number
- generates issue PDF
- compresses for sharing

OUTPUT:

downloadable issue PDF

ISSUE STRUCTURE

DIGITAL ISSUE INCLUDES:

- chronological photo pages
- 6x6 contact sheet
- metadata manifest
- printable PDF

ALL PHOTOGRAPHS REMAIN
IN CHRONOLOGICAL ORDER

STEP_05

ISSUE GENERATION

SYSTEM AUTOMATICALLY:

- reads timestamps
- sequences photographs
- builds complete PDF

NO MANUAL LAYOUT

STEP_06

PRINT

PRINT: double sided
PAPER: 8.5 x 11 office paper

STACK PAGES

ALIGN EDGES

DO NOT FOLD

STAPLE LEFT SIDE

USING COVER MARKS

STEP_07

DISTRIBUTE

PRINT

DISTRIBUTE

STORE

IN MANILA FOLDERS

CHRONOLOGICALLY

ARCHIVE

REPEAT

END_OF_PROTOCOL

SCAN TO CREATE

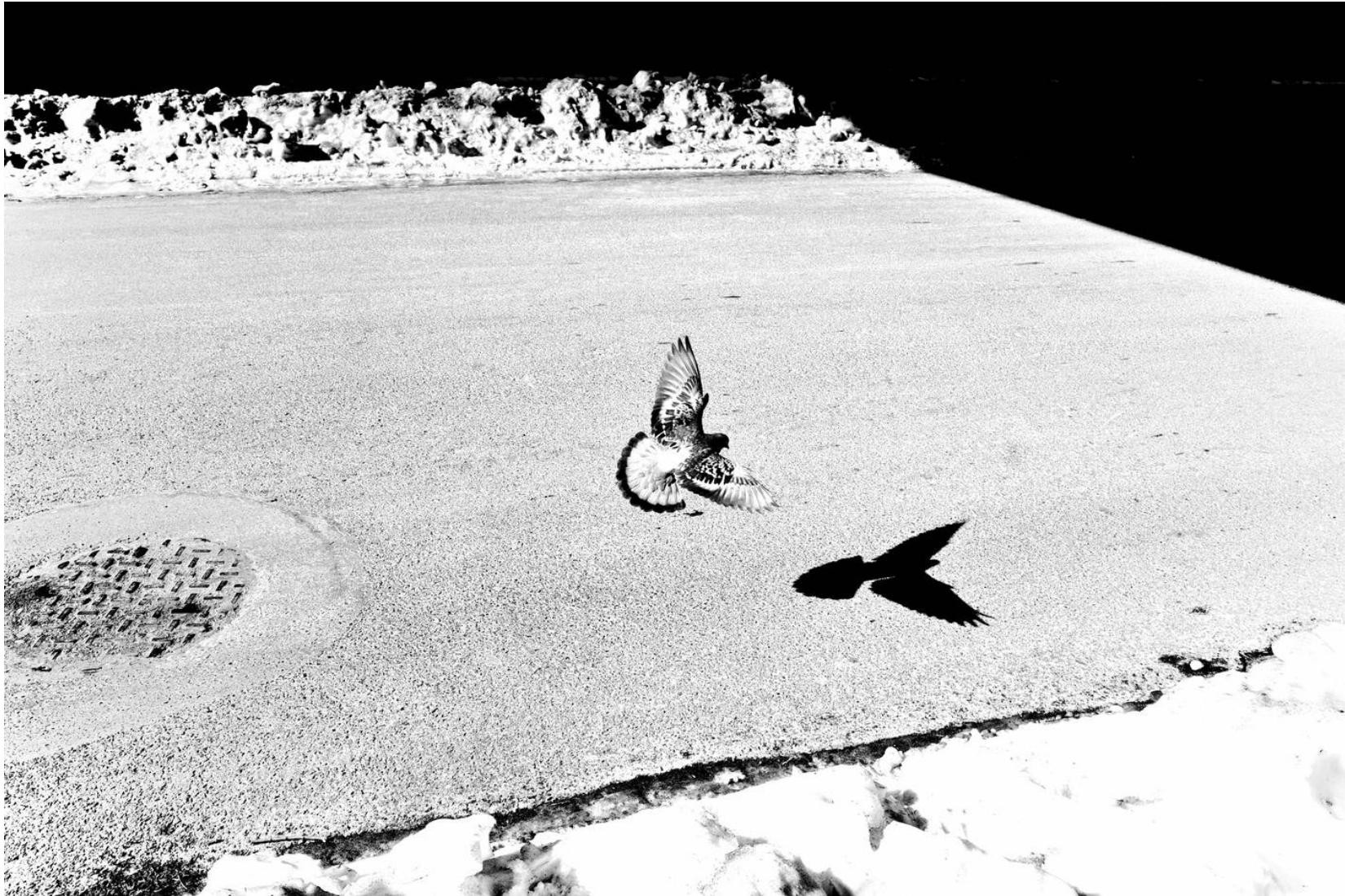
YOUR OWN FLUX ISSUE





















5486965

Is it medically necessary for the employee to be absent from work during the time(s) _____
 No Yes (if so explain: after Hypertension. It required
2yrs to receive treatment. He could also need
visits)

Based upon the signed medical history and your knowledge of the medical condition, estimate the frequency of future visits and the duration of each visit (within 2 days):
 the next 6 months (e.g., 1 episode every 3 months lasting 2 days) 2-4 times per 1-2 months ()
 frequency: 2-4 times per 1-2 months ()

Part C. ADDITIONAL INFORMATION: You may provide additional information here to supplement any answer above. Please identify by Section Number with a portion of the form you are supplementing.

Part B. Information about Health Care Provider

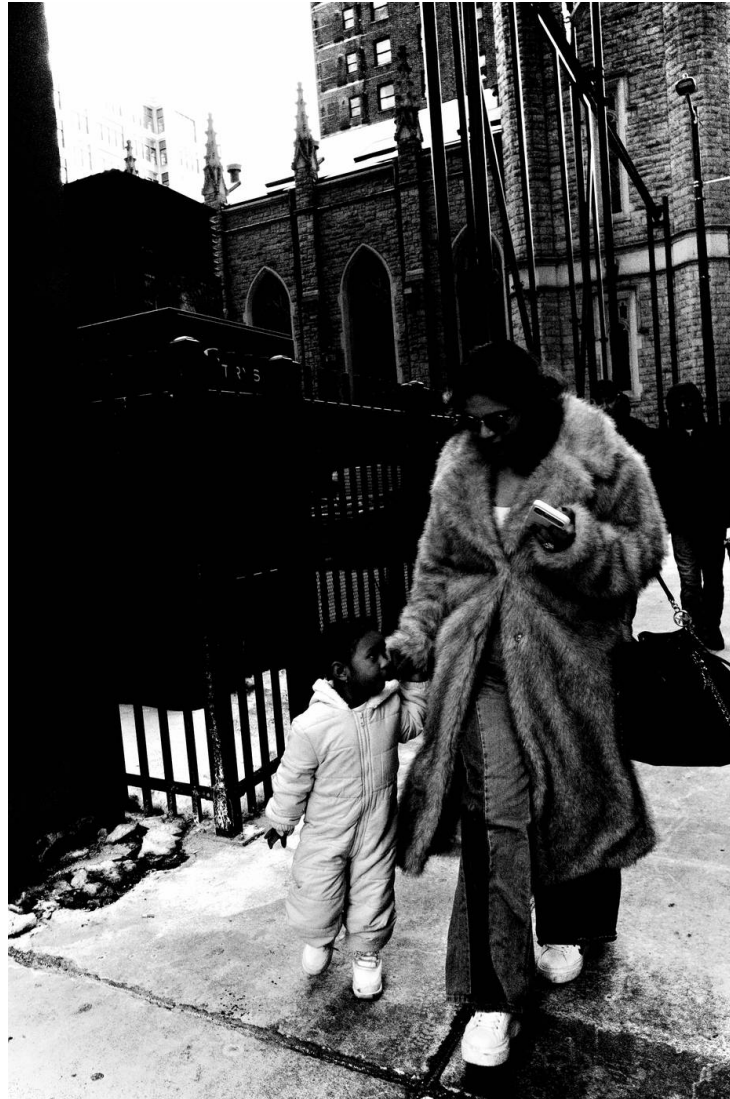
Signature of Health Care Provider: Dora Kernel Date Certification Complete: 11/12/20

Print Name: Dora Kernel
 Type of Practice / Medical Specialty: Internal Medicine
 Business Address: 215 Clark Ave. Cambridge MA 02142
 Office Phone: 617-328-2813
 Office Email: DK@705-322-2441

Medical Certification Form - Self







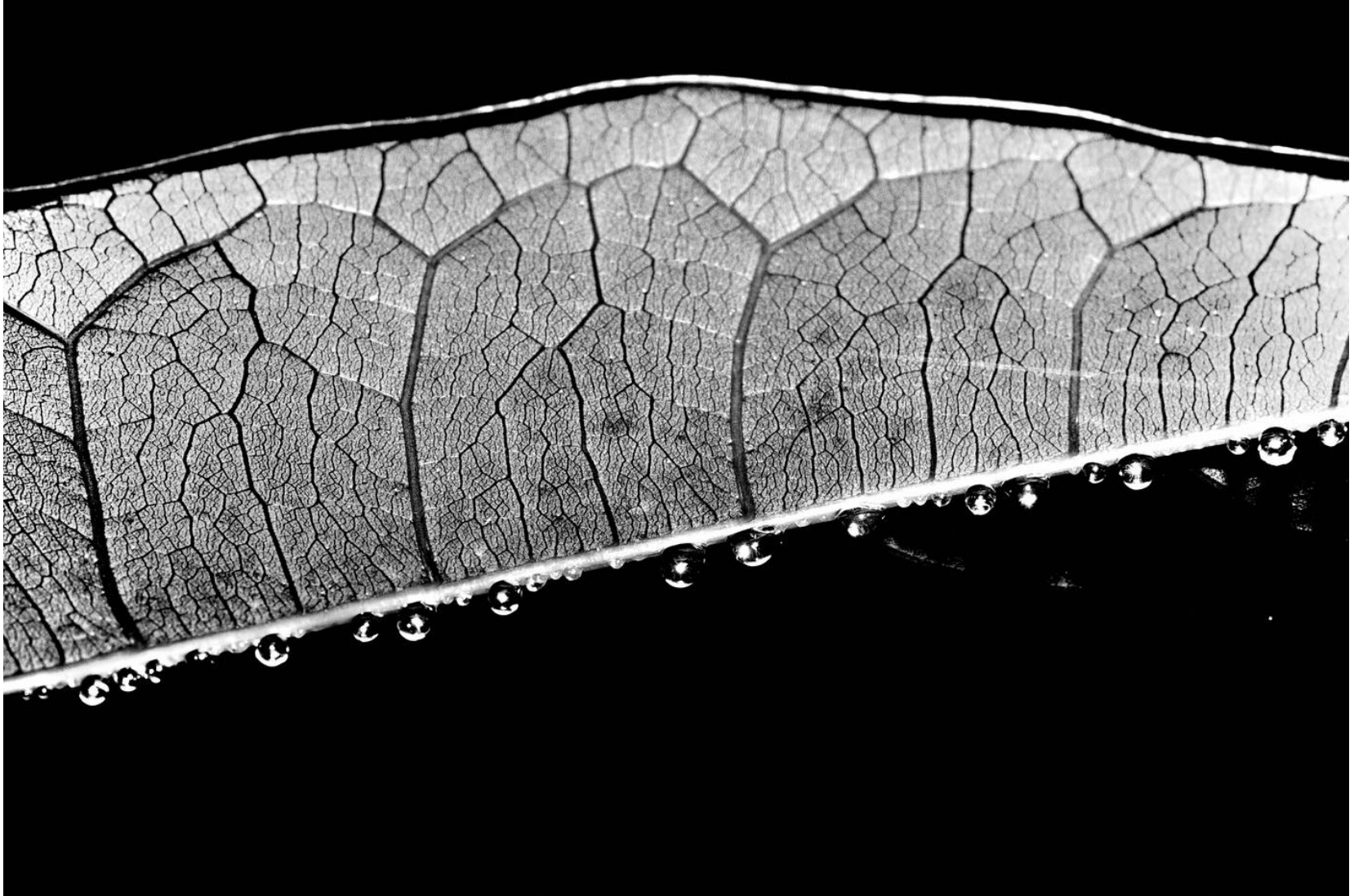






















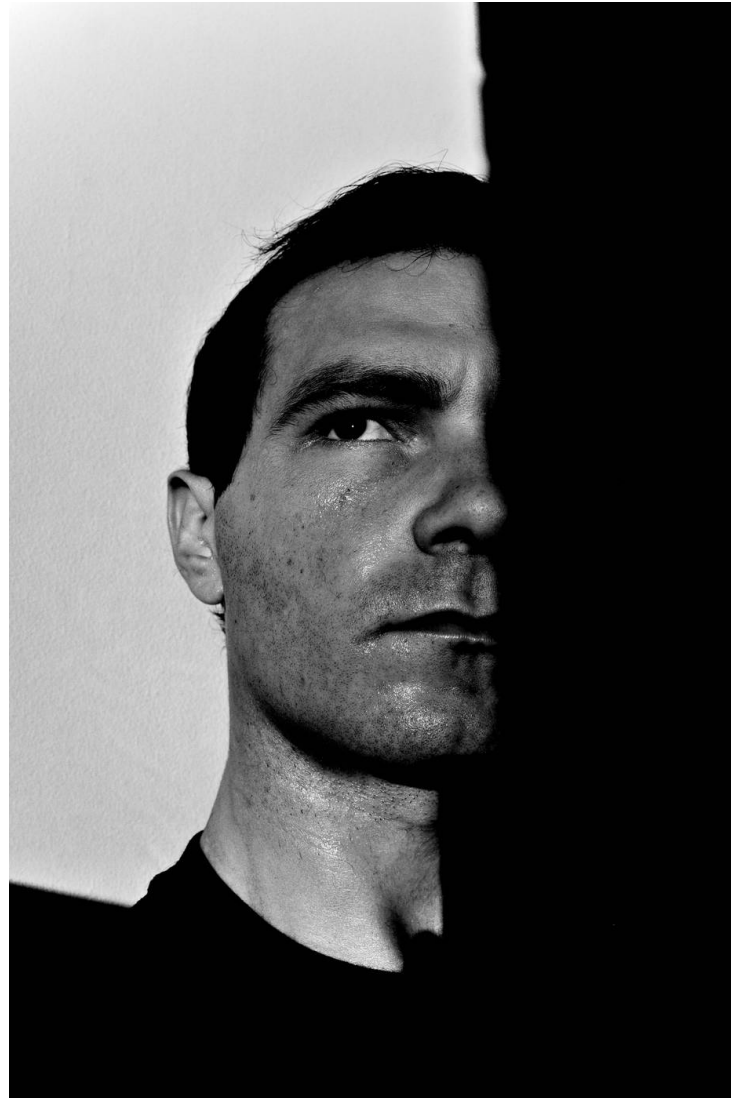


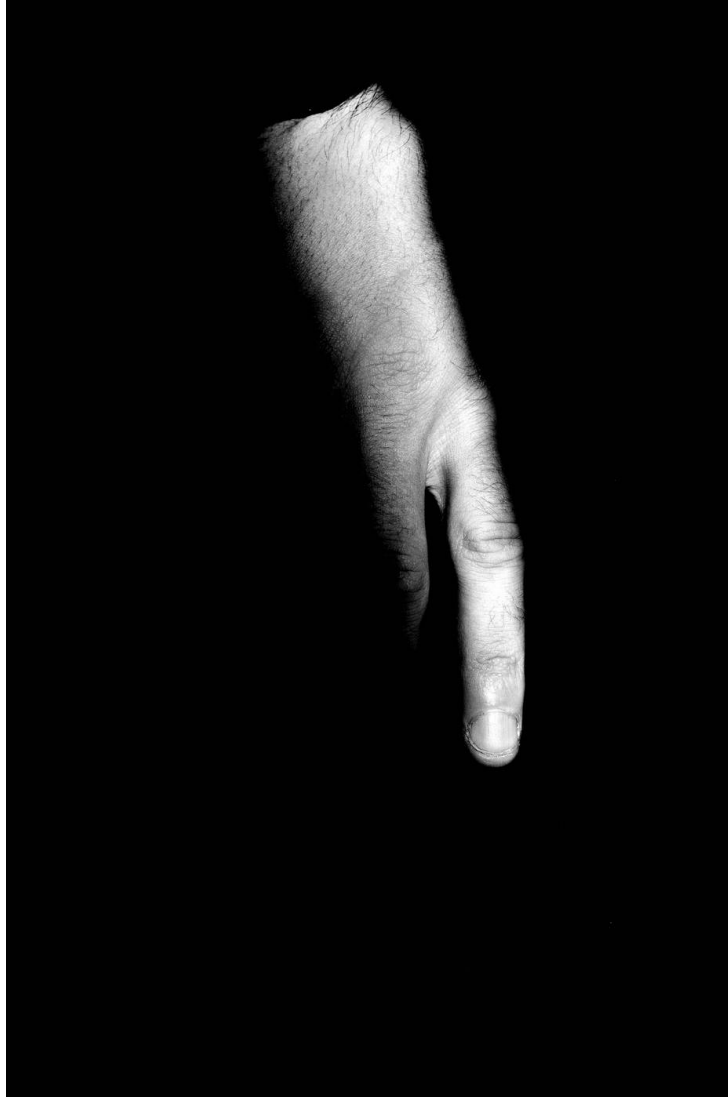




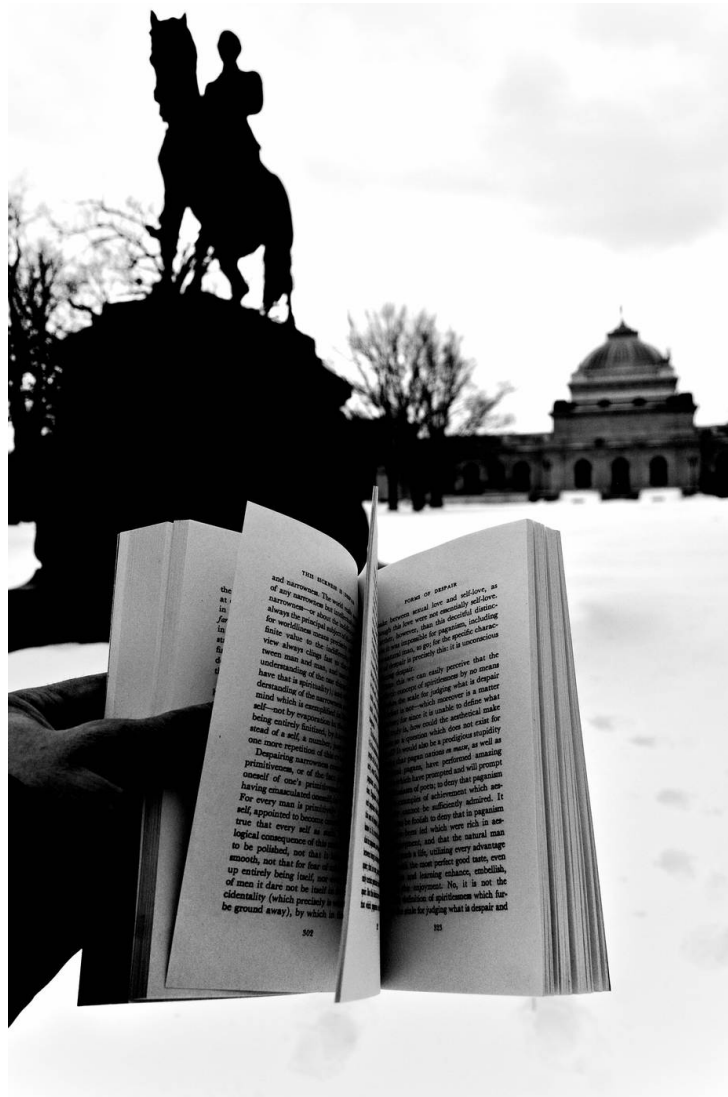




















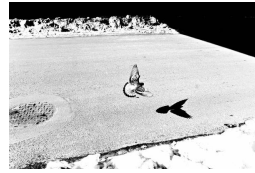
001



002



003



004



005



006



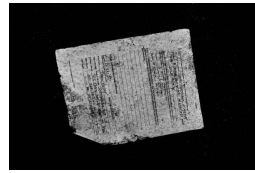
007



008



009



010



011



012



013



014



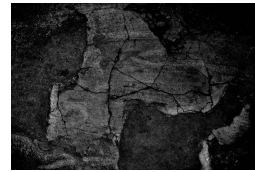
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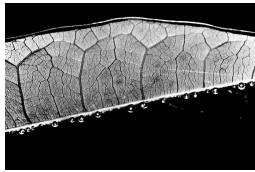
016



017



018



019



020



021



022



023



024



025



026



027



028



029



030



031



032



033



034



035



036

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