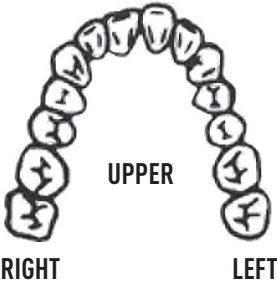




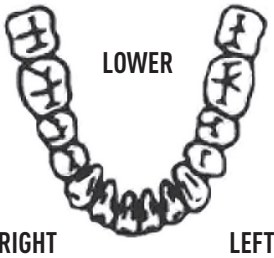
Doctor: _____

Date: _____

Due Date: _____



Upper Color/Design



Lower Color/Design

Patient: _____

Lic. No.: _____

Signature: _____