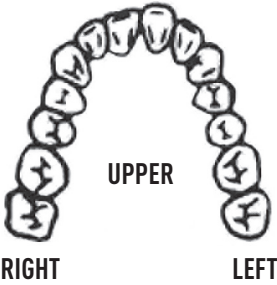




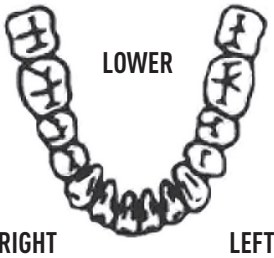
Doctor: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_



Upper Color/Design



Lower Color/Design

Patient: \_\_\_\_\_

Lic. No.: \_\_\_\_\_

Signature: \_\_\_\_\_