

Date Required

\_\_\_\_\_

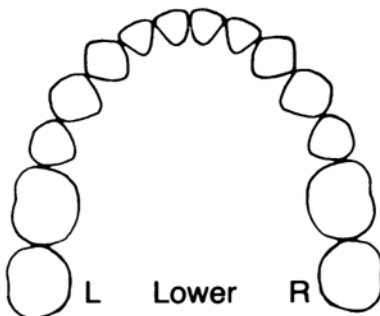
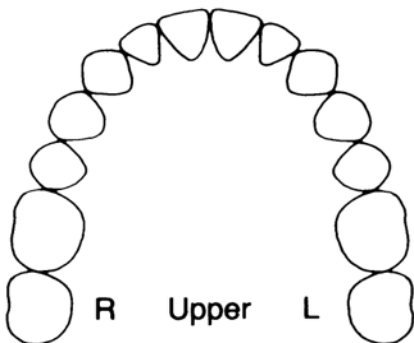
By 5:30 pm

Dr \_\_\_\_\_ Date \_\_\_\_\_

Practice: \_\_\_\_\_

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

Work Required: \_\_\_\_\_



Specific Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_