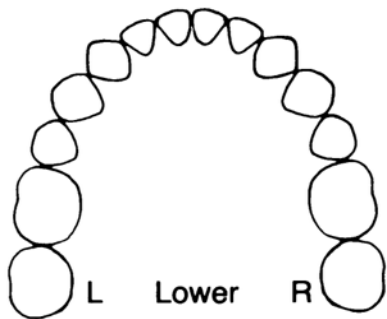
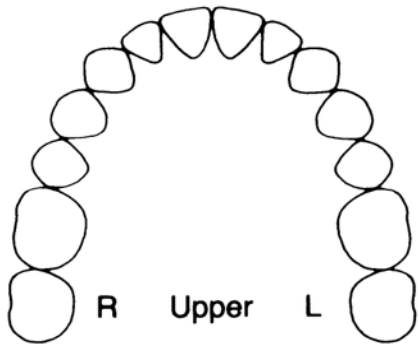


Date Required

By 5:30 pm

Dr _____ Date _____
Practice: _____
Patient Name: _____

Work Required: _____



Specific Instructions:

