

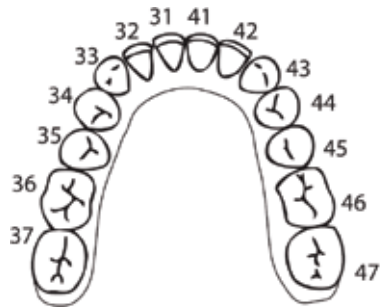
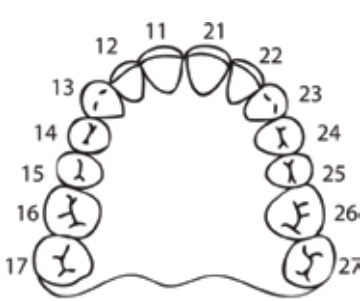
PLEASE PRINT CLEARLY

Doctor:	Clinic:
Date Prepared:	Date Due (by 5pm):

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Patient Name:

PLEASE MARK DIAGRAM CLEARLY



INSTRUCTIONS / COMMENTS