

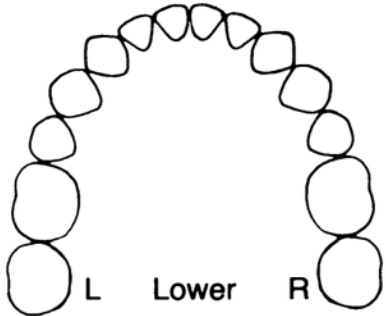
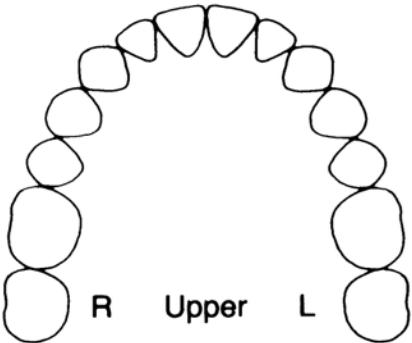


Date Required \_\_\_\_\_  
By 5:30 pm

Dr \_\_\_\_\_ Date \_\_\_\_\_  
Practice: \_\_\_\_\_  
Patient Name: \_\_\_\_\_

UPPER  
LOWER

SUBSCRIPTION



Specific Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_