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*Doctor*

*Address*

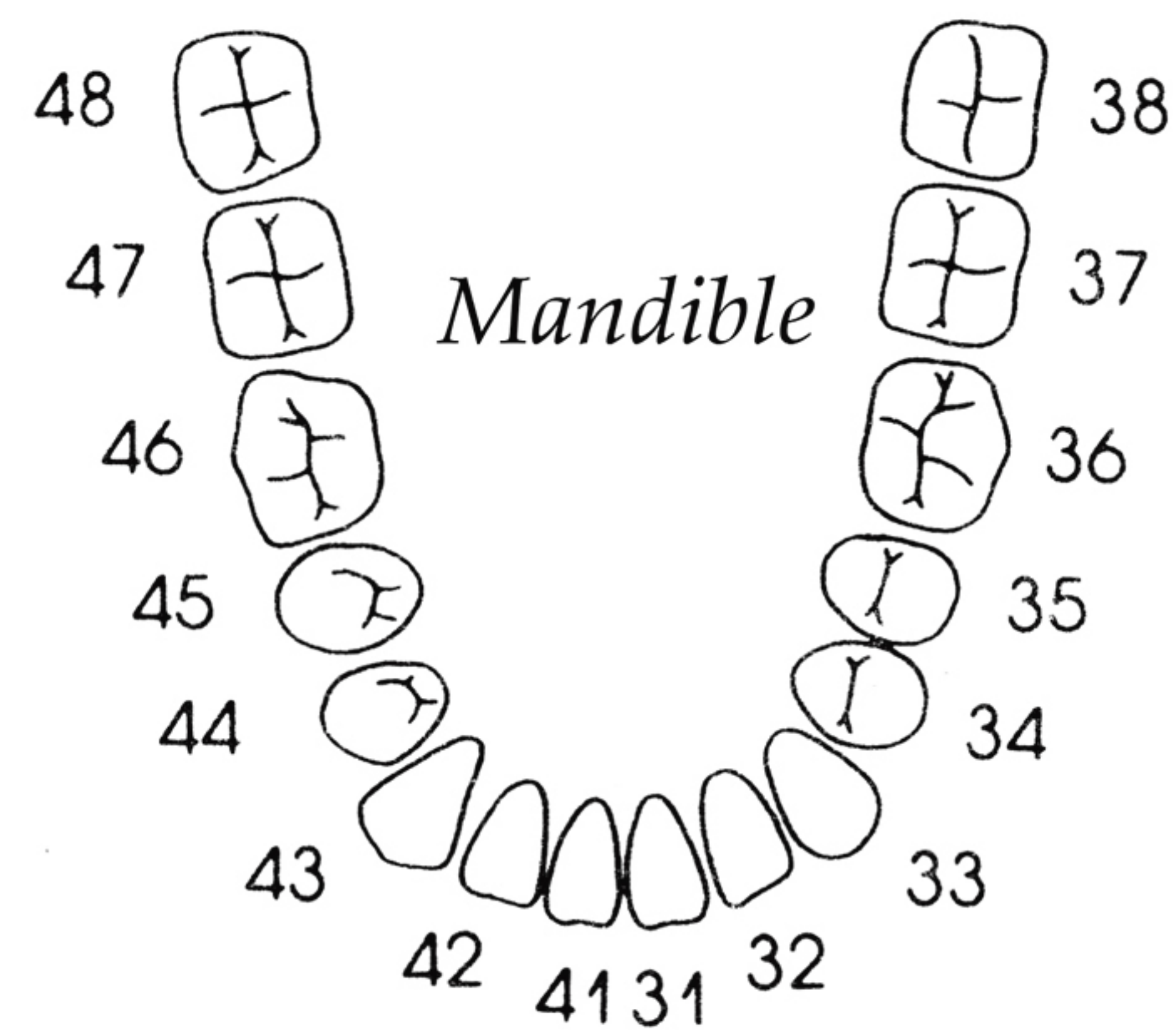
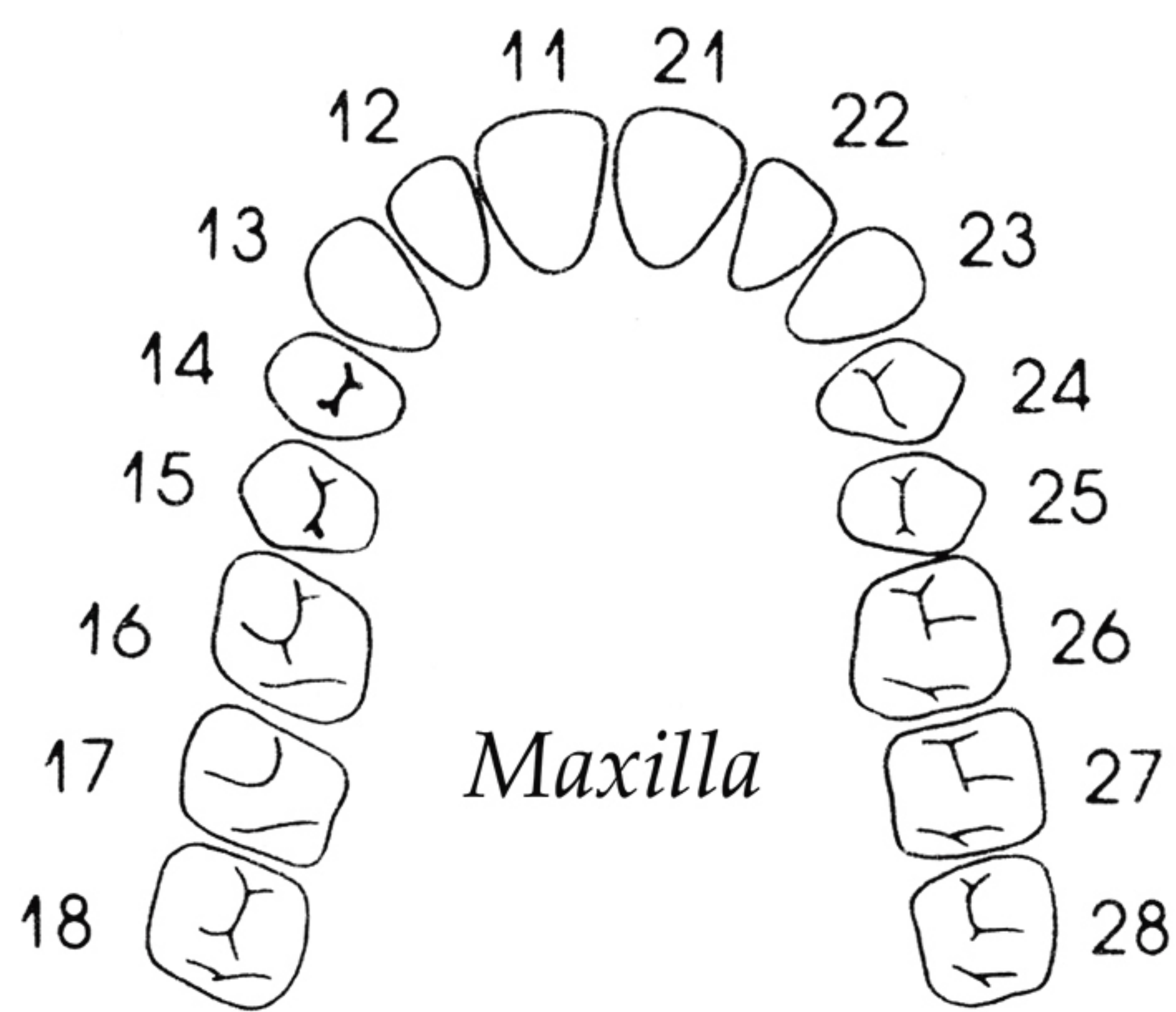
**R**

**Patient**

*M F Age*

*Date  
Wanted*

*Time*



INSTRUCTIONS

SHADE \_\_\_\_\_

\_\_\_\_\_  
*Signature*