

R<sub>x</sub>



Doctor \_\_\_\_\_

Date Sent: \_\_\_\_\_

Address \_\_\_\_\_

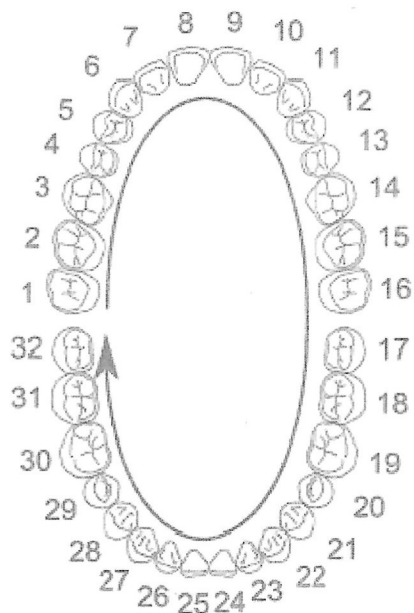
Service Speed: \_\_\_\_\_

Patient \_\_\_\_\_

WYW AM/PM ND

Return Date / Time: \_\_\_\_\_

Shade \_\_\_\_\_ Age \_\_\_\_\_ Male / Female



Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

R<sub>x</sub>



Doctor \_\_\_\_\_

Date Sent: \_\_\_\_\_

Address \_\_\_\_\_

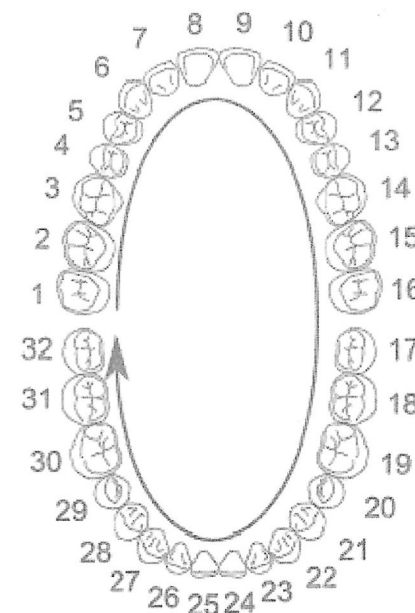
Service Speed: \_\_\_\_\_

Patient \_\_\_\_\_

WYW AM/PM ND

Return Date / Time: \_\_\_\_\_

Shade \_\_\_\_\_ Age \_\_\_\_\_ Male / Female



Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_