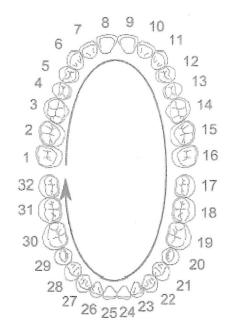
R

Doctor's Signature\_



Doctor			Date Sent:
Address			Service Speed:
Patient			WYW AM/PM ND
Shade	Age	Male / Female	Return Date / Time:

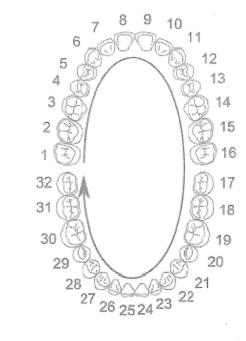


Date	
Date	

R



Doctor			Date Sent:
Address			Service Speed:
Patient			WYW AM/PM ND
			Return Date / Time:
Shade	Age	Male / Female	



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