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OFFICE USE ONLY

REC'D: _____ PACKED: _____

PREP: _____ Q/C: _____

Dr. _____

Address: _____

_____ Date: _____

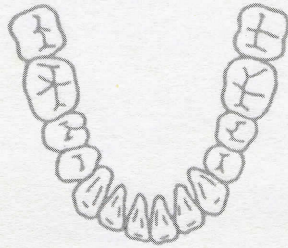
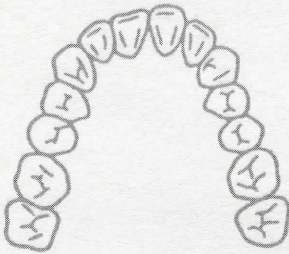
Patient: _____ Age: _____

Date Wanted: _____ Time: _____

Upper

Right

Left



Right

Left

Lower

Instructions (please use reverse if necessary)

Signature _____