

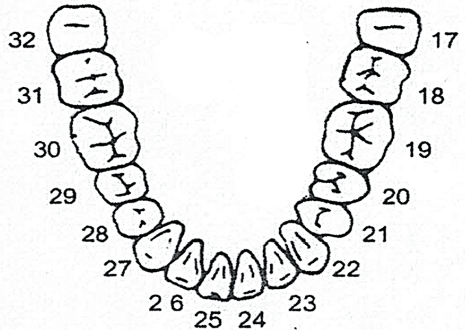
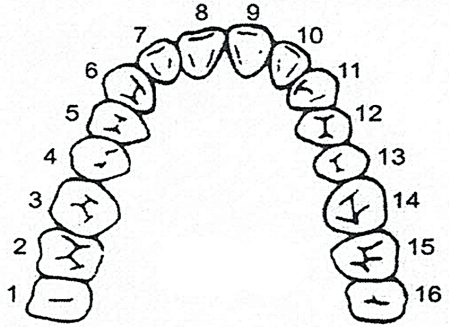


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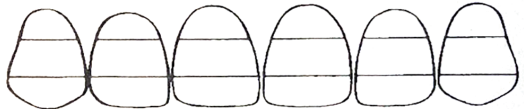
				DUE DATE
PATIENT or CASE #	AGE	SEX	SHADE	DATE SHIPPED

DOCTOR: \_\_\_\_\_

INSTRUCTIONS:



FOR SPECIAL SHADING



DATE:

DOCTOR'S SIGNATURE

LIC