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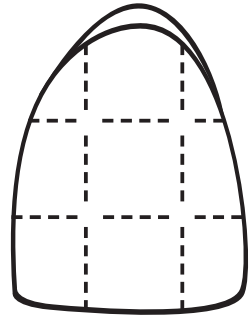
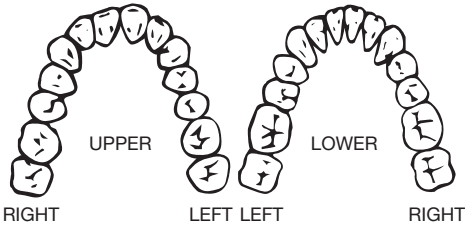
Dr. _____ Date: _____

Address: _____

Patient: _____

Date Required: _____ AM _____ PM _____

DESIGN CASE HERE



Shade: _____