

Practice Name: _____

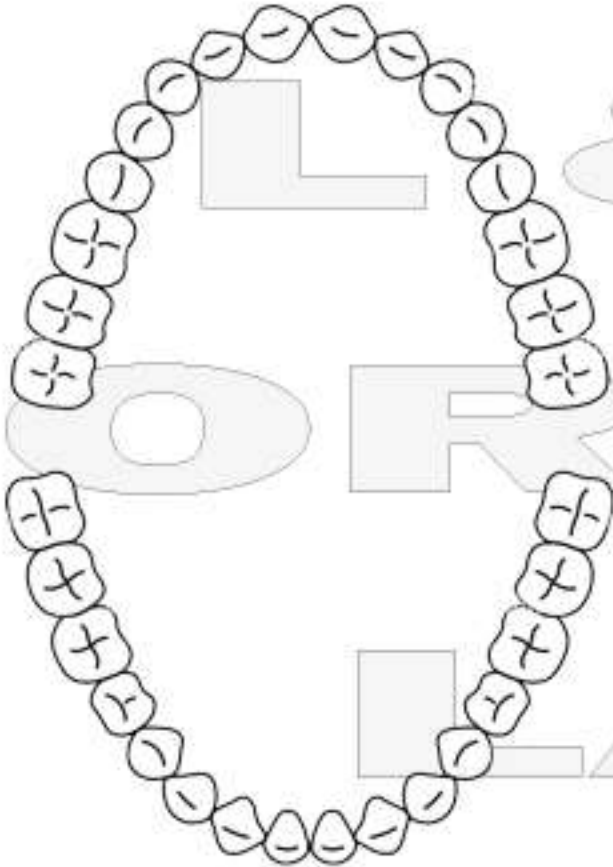
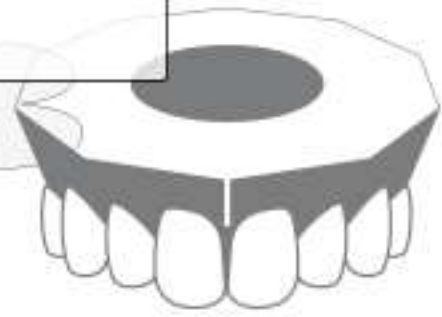
Patient Name: _____

Due Date: _____

Upper instructions

Lower instructions

250 Fulton Avenue
Suite 215
Hempstead, N.Y. 11550



Practice Name: _____

Patient Name: _____

Due Date: _____

Upper instructions

Lower instructions

250 Fulton Avenue
Suite 215
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