

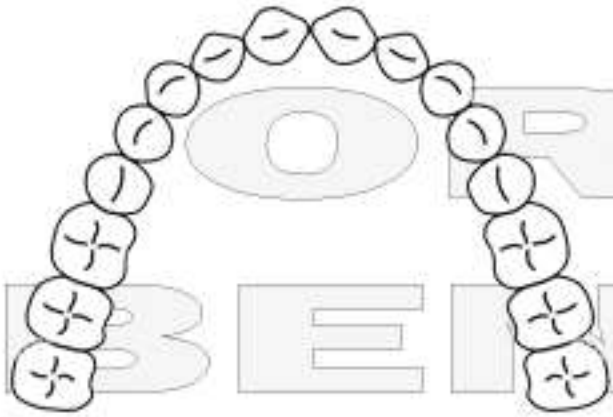
Practice Name: _____

Patient Name: _____

Due Date: _____

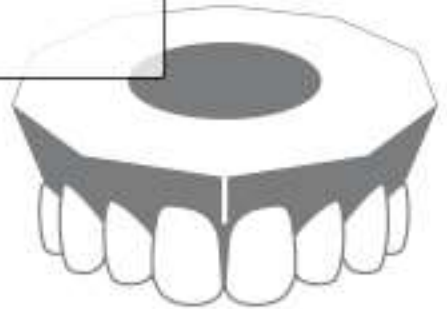
Upper instructions

Lower instructions



Empty rectangular box for upper instructions.

Empty rectangular box for lower instructions.



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

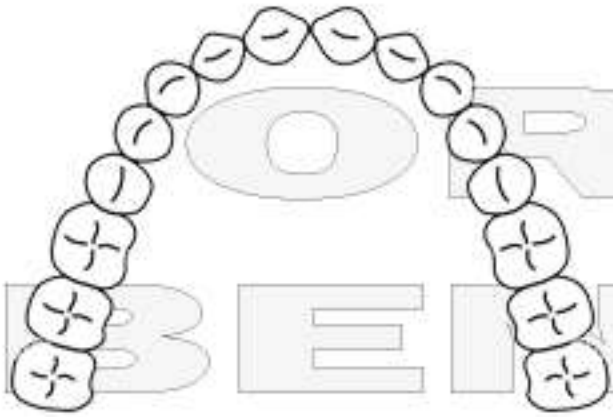
Practice Name: _____

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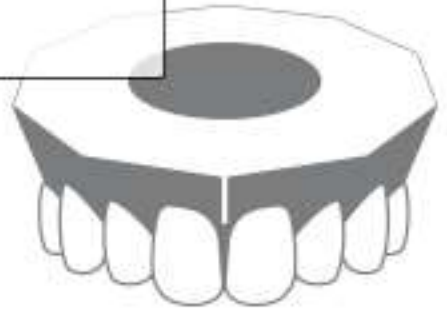
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