

SCRIPT FORM

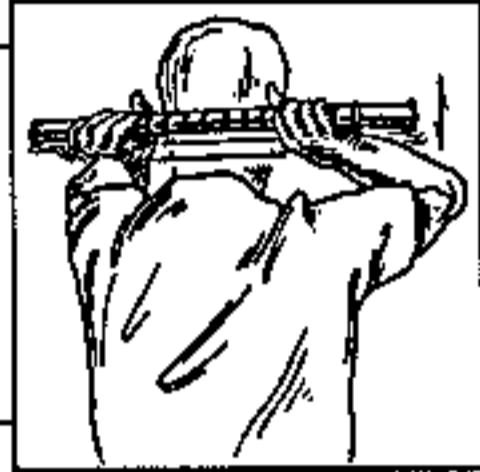
[Instructions for Use]

R_x

Patient's Name _____ Date _____

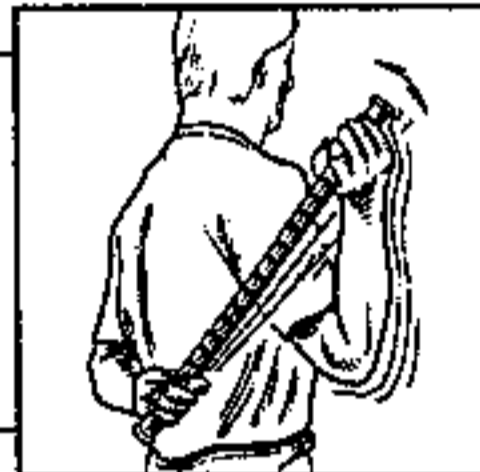
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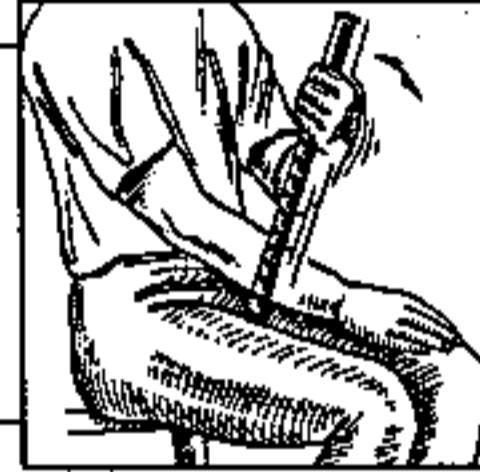
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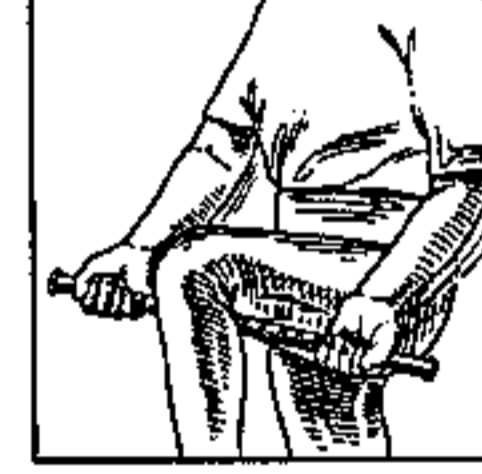
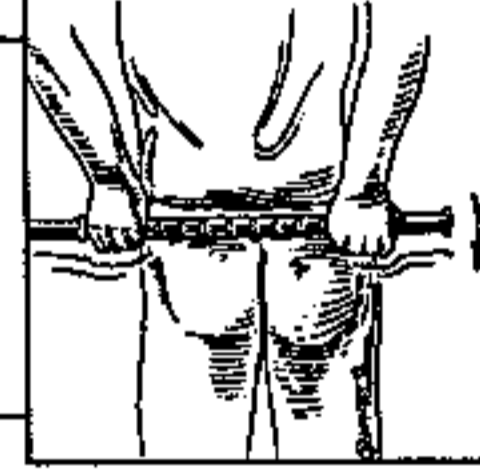
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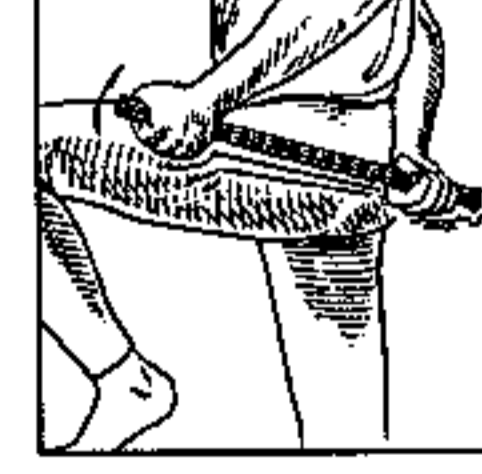
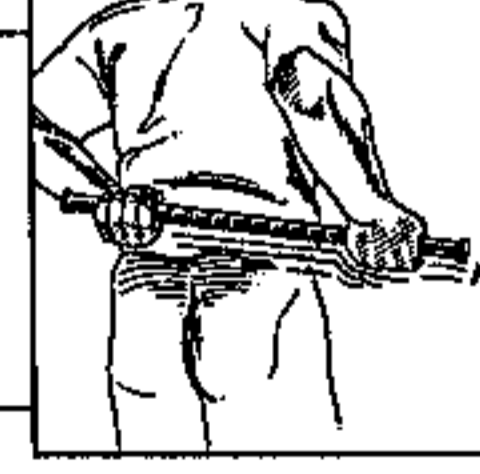
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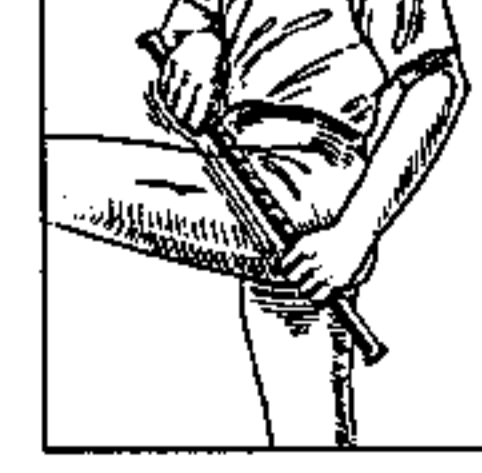
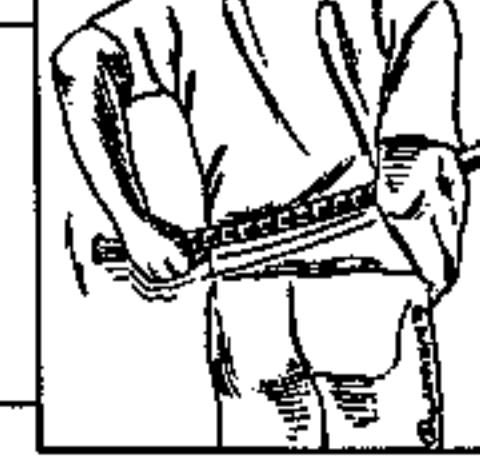
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