



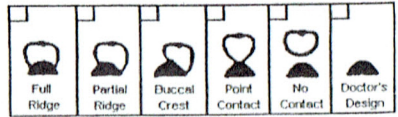
4202 S 90th STREET
OMAHA, NE 68127
402-614-7000

Dr. _____ Date _____

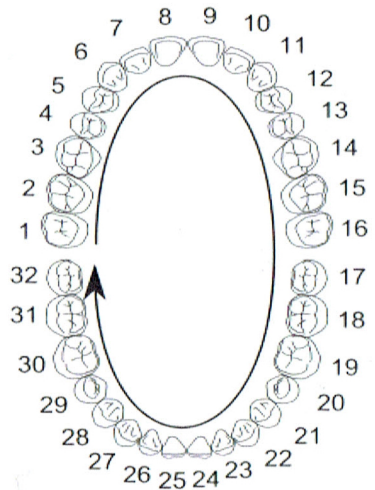
Patient _____ Male Female Age _____

Date Due _____ Shade _____

AM PM



Instructions:



Doctor's Signature _____

License Number _____