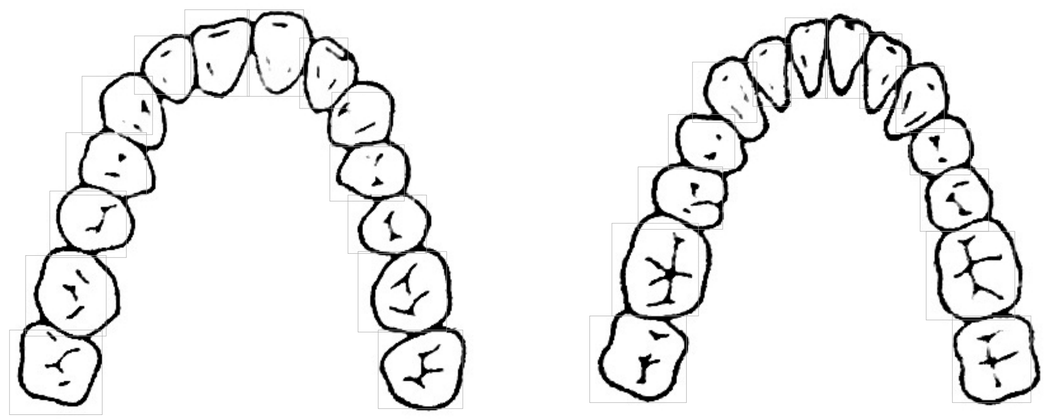
Dr. _____

Patient: _____

Due Date & Time: _____ _____



Rx

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