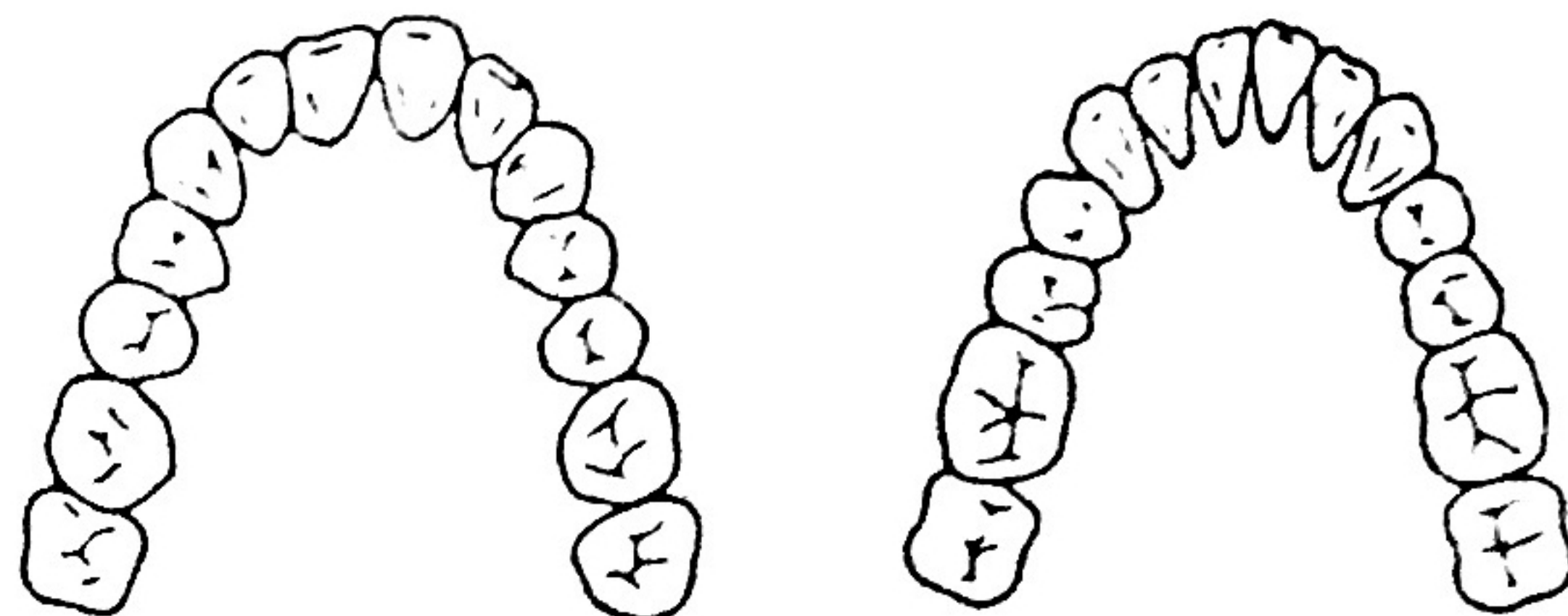


Dr. \_\_\_\_\_

Patient: \_\_\_\_\_

Due Date & Time: \_\_\_\_\_

Enter Rx details below



**Web: [www.thelab1td.ca](http://www.thelab1td.ca)**

**Email: [hello@thelab1td.ca](mailto:hello@thelab1td.ca)**

**Text or Call: 403-230-4431**