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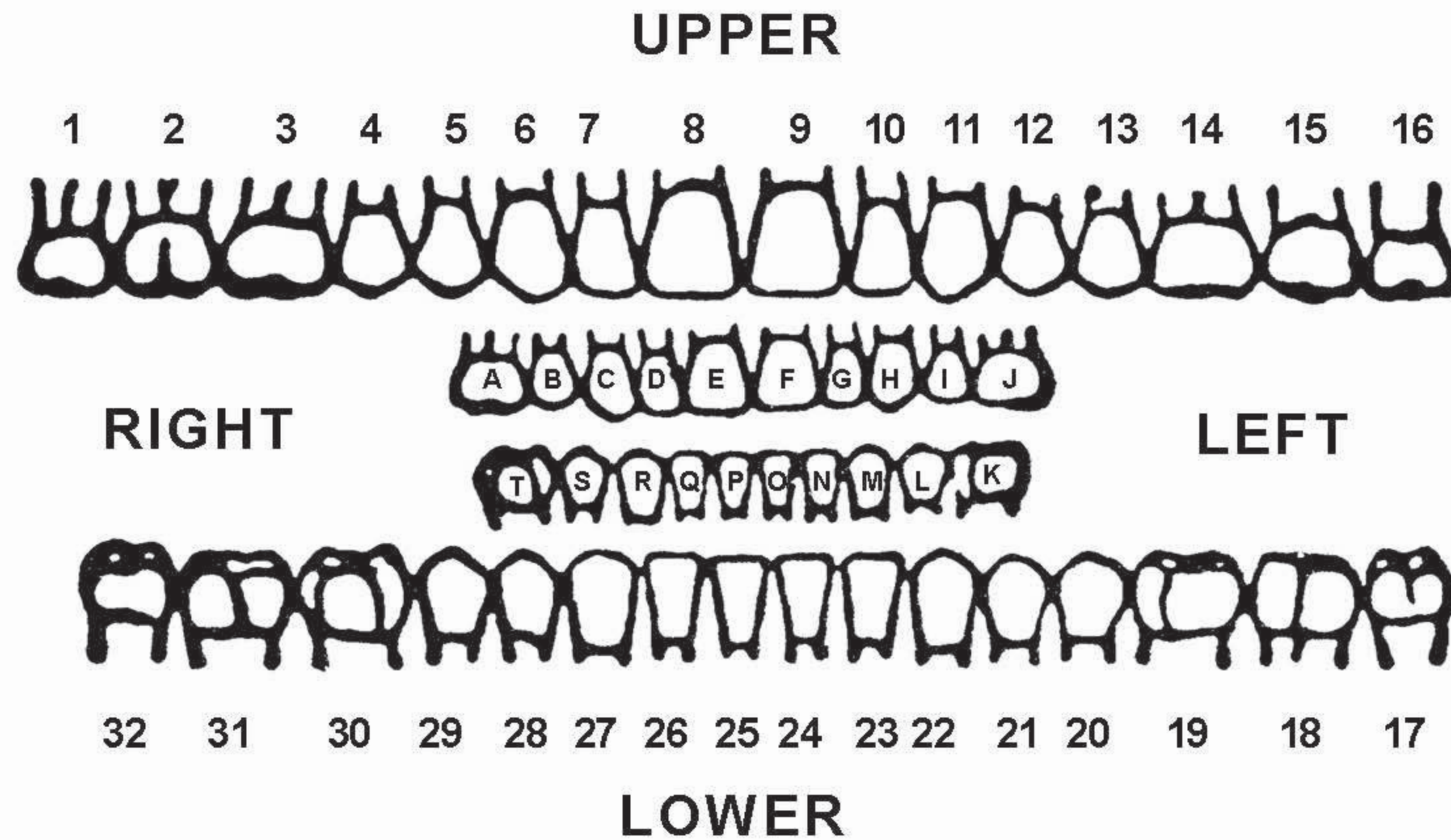
Introducing _____

Date _____

Patient Phone Number _____

For removal of:

Remarks: _____



Consultation Biopsy Panorex

Send X-rays when possible

DR. _____