



Toll free  
1-800-992-8456

2520 PERRY AVE.

BREMERTON, WASH 98310

(360) 377-3846

LAB USE ONLY

CASE NO. \_\_\_\_\_

DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

SEX \_\_\_\_\_

**WORK TO BE DONE**

**R**



SHADE \_\_\_\_\_

FINISH DATE \_\_\_\_\_

A.M.

P.M.

DR'S SIGNATURE \_\_\_\_\_

OVER DR'S NUMBER \_\_\_\_\_