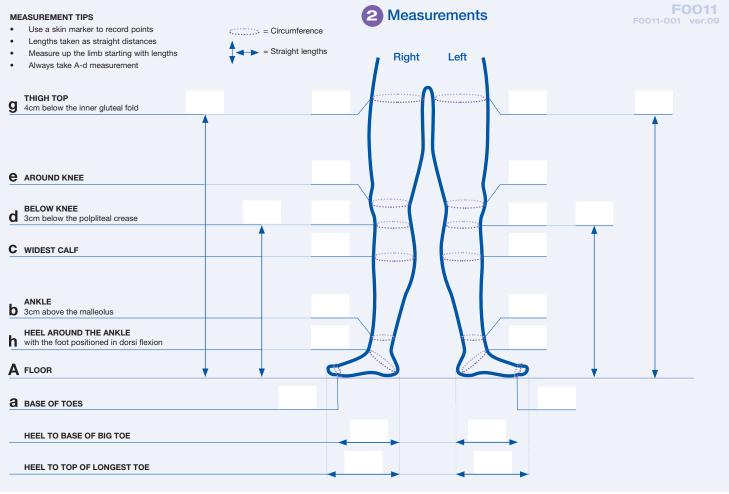
Patient Name Measured By Date

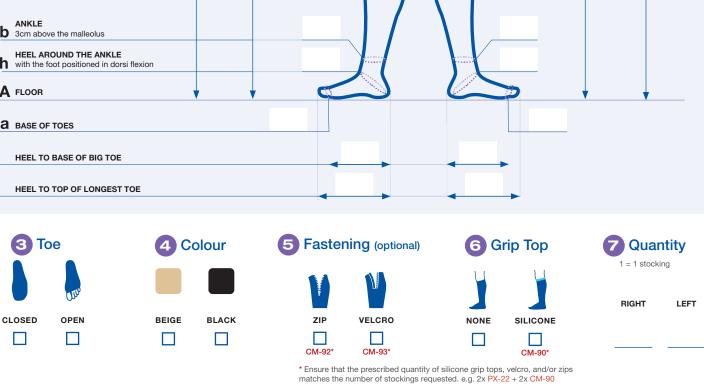
Purchase Order No.

Billing Address Delivery Address

Organisation







COMMENTS REPEAT SERIAL NO.

