

# ***DR P. HIRA INC.***

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***Date:*** \_\_\_\_\_ ***Age of Minor:*** \_\_\_\_\_

***Name:*** \_\_\_\_\_

***Address :*** \_\_\_\_\_

***Rx :***



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***Dr P.Hira***  
***MBBCH(Wits)***

***Dr. H.E. Foster***  
***MBBCH(Wits)***