

YOUR APPOINTMENT

for: _____
date: _____ time: _____

Please provide 24 hr notice if you will miss this appointment.

(____) ____ - ____



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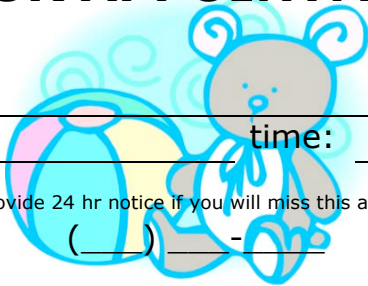
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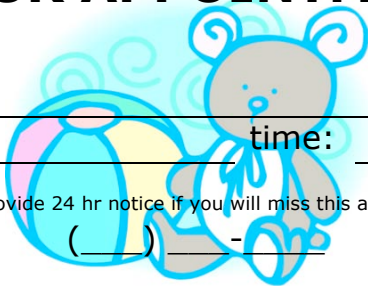


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