| GREETINGS FROM YOUR OPTOMETRIST, | | | | | | | | | | | | |
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| | LOCAT | ED AT | | | | | | | | (|) | |
| | This is to remind you that it is time for your: | | | | | | | | | | | |
| | Annual Eye Exam | | | | | | | | | | | |
| | Check up for | | | | | | | | | | | |
| | Glasses/Contacts Renewal | | | | | | | | | | | |
| | Our records show that your prescription for will expire on | | | | | | | | | | | |
| | Please call our office to schedule an appointment to avoid a lapse in your medication. | | | | | | | | | | | |
| | a lapse ili your medication. | | | | | | | | | | | |
| | We are currently scheduling for the following time period: | | | | | | | | | | | |
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| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
| | Please write your appointment below as a convenient reference: | | | | | | | | | | | |
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