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<b>10. INITIAL, LAST &amp; MIDDLE</b> <b>1234 SMITH</b>	<b>11. PLASTER/LASTED NAME</b> <b>OPTIONAL</b>	<b>12. PLASTER/LASTED FIRST NAME</b> <b>SMITH</b>	<b>13. TOTAL SPAN</b> <b>1</b>	<b>14. RADIANT RISK</b> <b>1</b>	<b>15. PLASTER RISK</b> <b>1</b>
<b>16. SIGNATURE OF PERSON OR PERSONS</b> <b>ALL NAMES SIGNATURES &amp; DATES</b> <b>1234 SMITH</b>	<b>17. INITIAL SIGNATURE OF PERSON OR PERSONS</b> <b>EYE MD CARE</b> <b>1234 FRONT STREET</b> <b>SAN FRANCISCO, CA 94109</b>	<b>18. INITIAL SIGNATURE OF PERSON OR PERSONS</b> <b>DR. SMITH</b> <b>1234 FRONT STREET</b> <b>SAN FRANCISCO, CA 94109</b>			
<b>SIGNATURE ON FILE 10/01/14</b> <b>1234 SMITH</b>	<b>19. INITIAL SIGNATURE OF PERSON OR PERSONS</b> <b>1234 SMITH</b>	<b>20. INITIAL SIGNATURE OF PERSON OR PERSONS</b> <b>1234 SMITH</b>			

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**Abstract**

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