DETAILED SHADE RX

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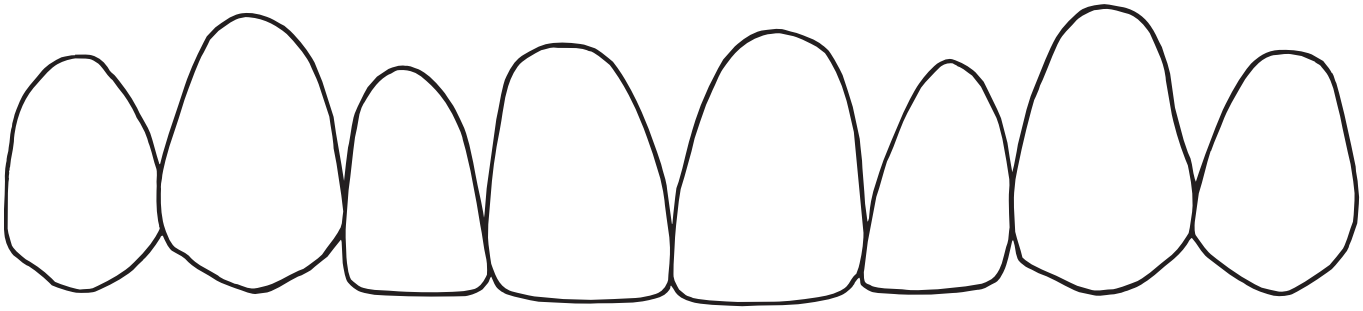
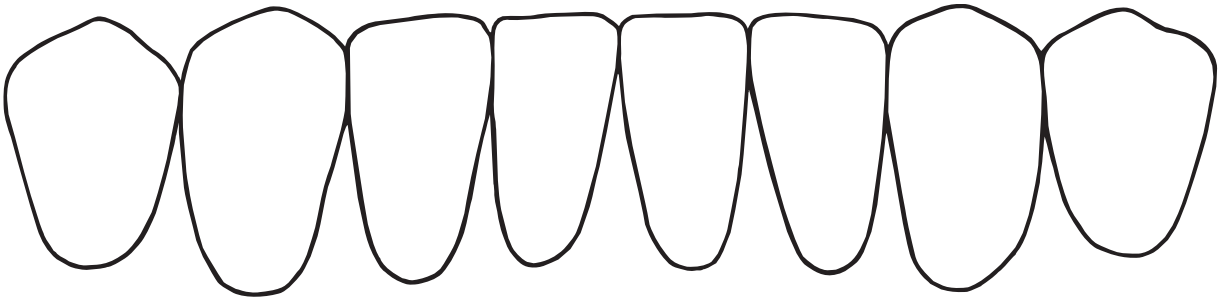
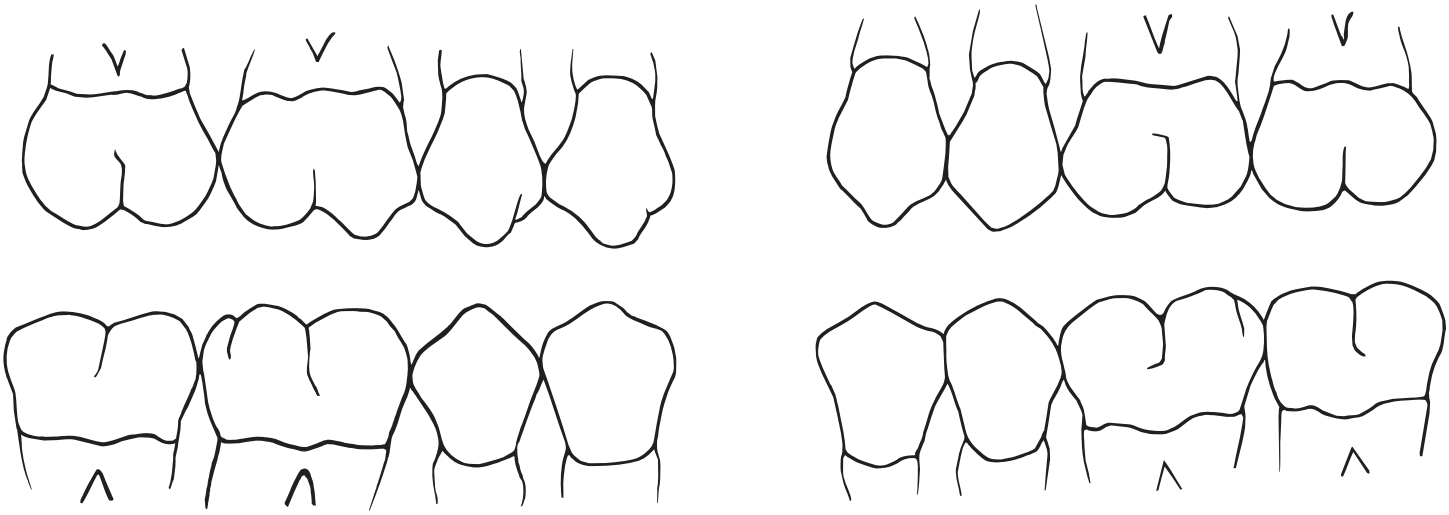
Rx

Please Custom Shade _____

Dr. _____ **Date** _____

DETAILED SHADING INSTRUCTIONS _____