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STUDIO

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NEW YORK, NY 10020

Dr. _____ Date _____

Address _____ Phone _____

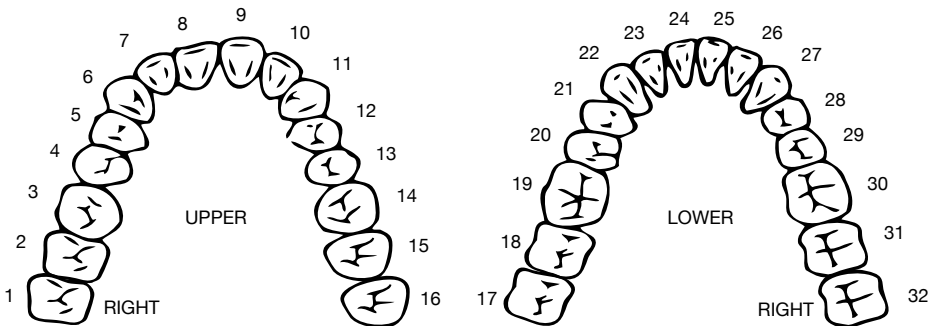
City _____ State _____ ZIP _____

Patient's Name _____

Shade No. _____ Time Wanted _____

Signature _____ License No. _____

Notes:



PLEASE SEND:

RX PADS

STICKERS

ENVELOPES

BOXES