

H. CLIFFORD CARLSON, M. D.

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OFFICE HOURS: 1 to 2 P. M.; 7 to 9 P. M.

REGISTRY NUMBER

822

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Patient's

Name _____ Address _____ Date _____

R

Hello :-
Just a little
questionnaire sent to local
office
Good luck

off

M. D.

DO NOT REFILL WITHOUT PRESCRIBER'S CONSENT