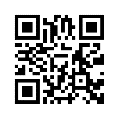
Practice Logo

**Surgeon’s Name**

Practice Street Address, Suite Number

Practice City, State, Zip

Place   
Pre-Paid Postage Here

­(XXX) XXX-XXXX

[www.practiceaddress.com](http://www.practiceaddress.com)

**Recipient Name**

Recipient Street Address

Address Line 2 (Optional)

Recipient City, State, Zip