instructions Print and cut into 4
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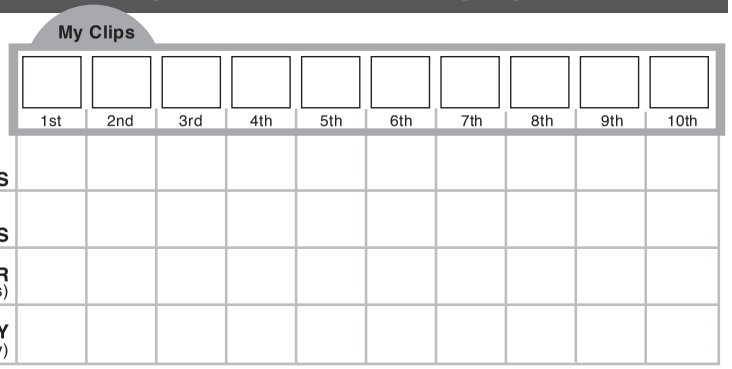
Name: **Date:**

Your clinician has prescribed the following clip numbers:



Other Instructions: _____

Next appointment: **Clinician:**

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Name: Date:

Your clinician has prescribed the following clip numbers:

Other Instructions: _____

Next appointment: Clinician: