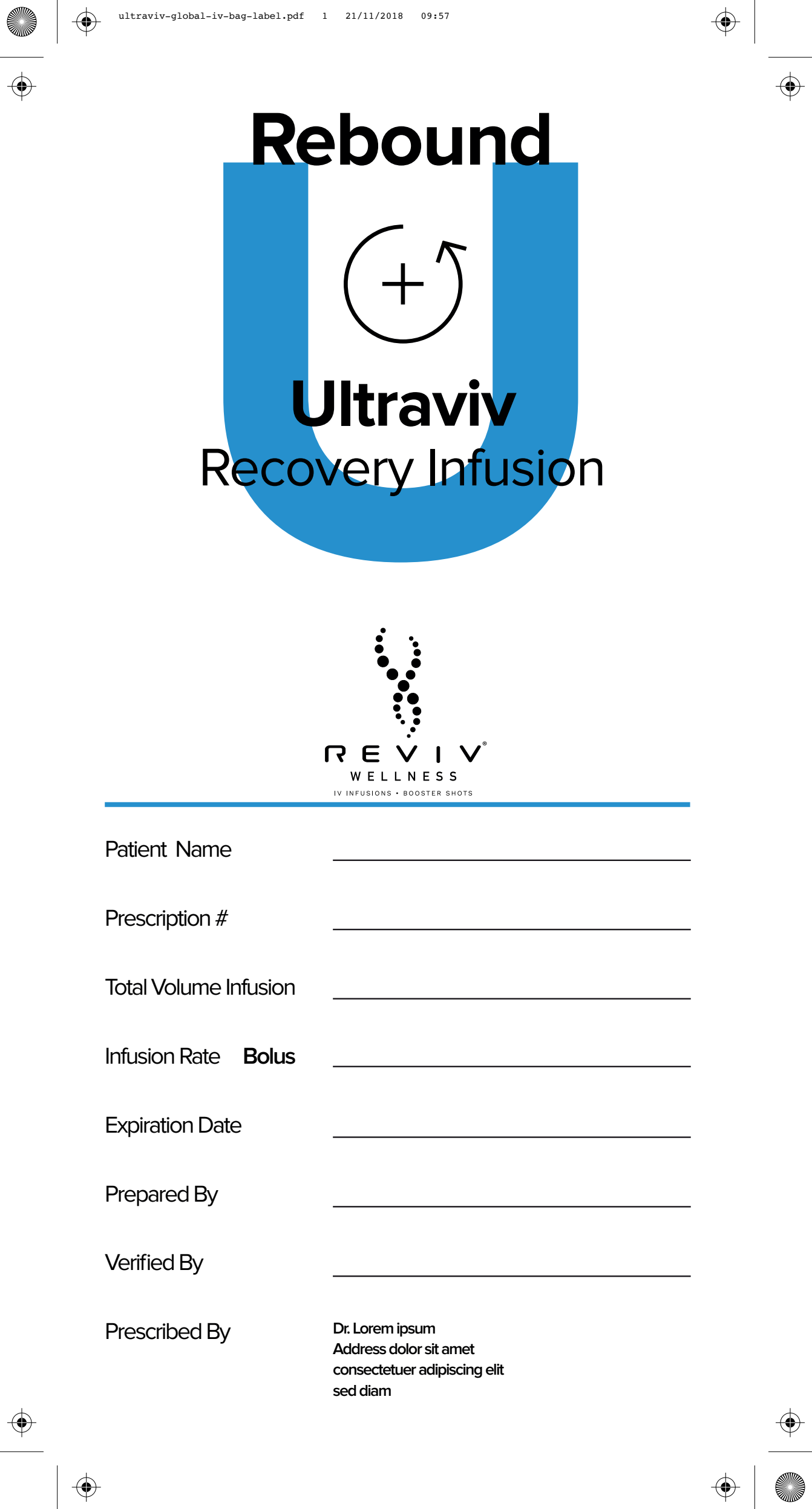
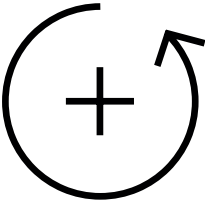




Rebound



Ultraviv

Recovery Infusion



Patient Name _____

Prescription # _____

Total Volume Infusion _____

Infusion Rate **Bolus** _____

Expiration Date _____

Prepared By _____

Verified By _____

Prescribed By

Dr. Lorem ipsum
Address dolor sit amet
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