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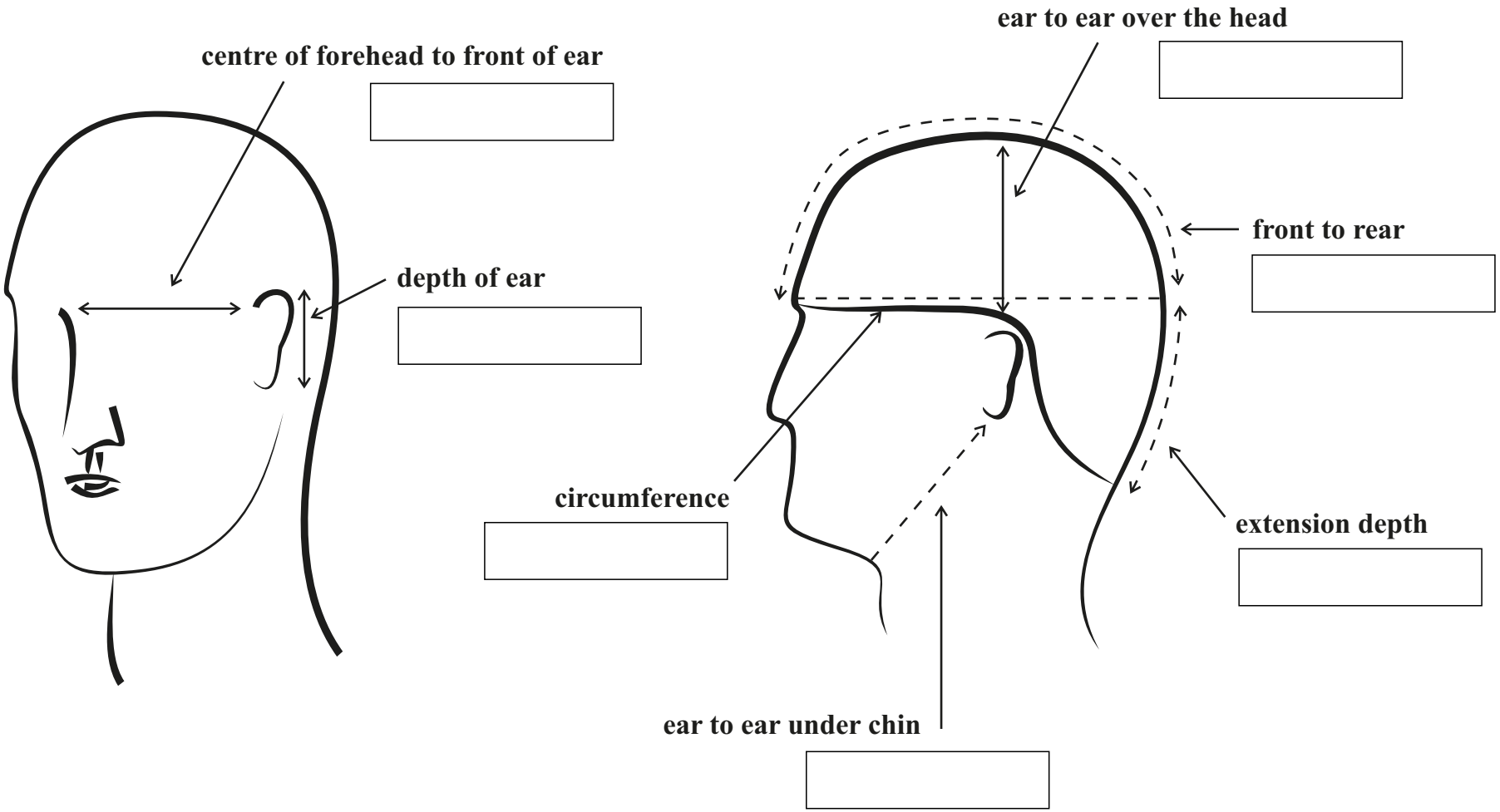
ORDER FORM– PROTECTIVE HELMET

Patient's Name ..... **Helmet Type** ..... **Colour** ..... **Fastening** .....