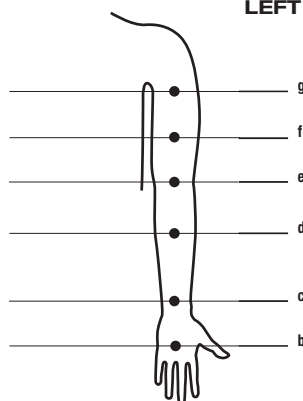
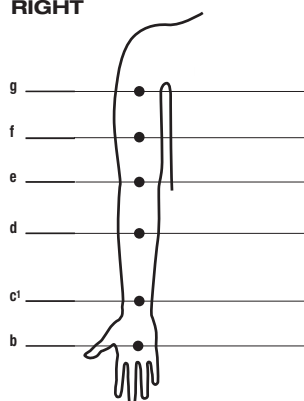


Patient Name: _____ Patient Number: _____

RIGHT

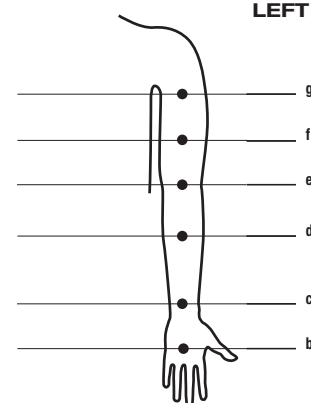
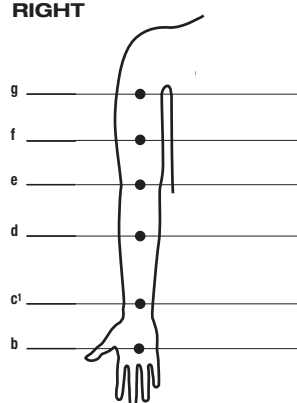
LEFT



Patient Name: _____ Patient Number: _____

RIGHT

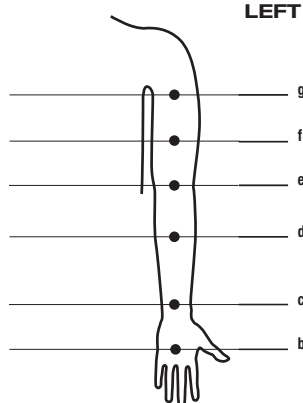
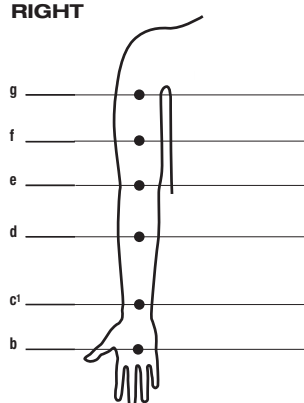
LEFT



Patient Name: _____ Patient Number: _____

RIGHT

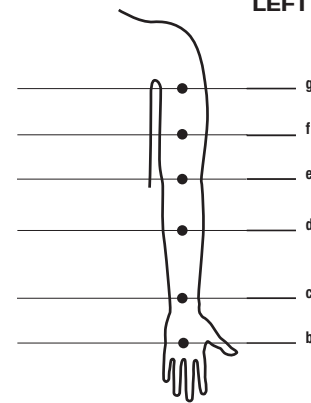
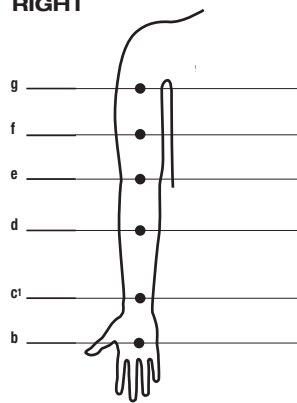
LEFT



Patient Name: _____ Patient Number: _____

RIGHT

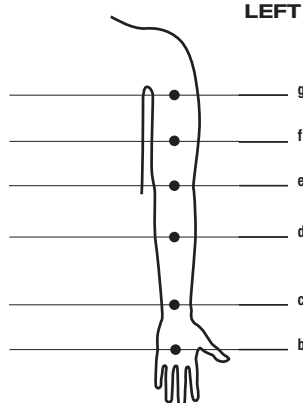
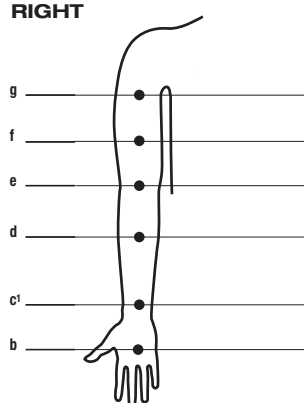
LEFT



Patient Name: _____ Patient Number: _____

RIGHT

LEFT



Patient Name: _____ Patient Number: _____

RIGHT

LEFT

