



# LymphScanner

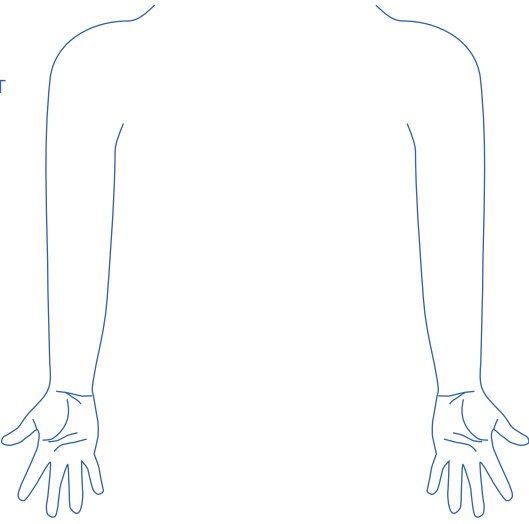
## PERCENTAGE WATER CONTENT - ARM MEASUREMENT FORM

Client's name \_\_\_\_\_

F0041AAUS-001

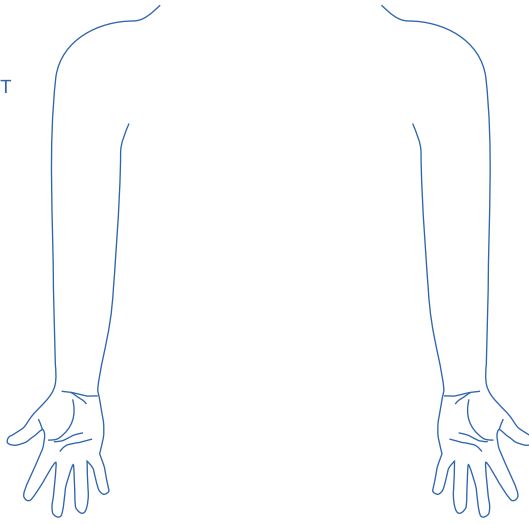
Date \_\_\_\_\_

RIGHT LEFT



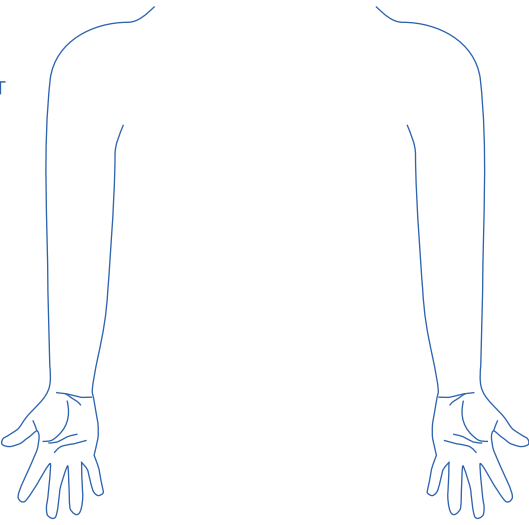
Date \_\_\_\_\_

RIGHT LEFT



Date \_\_\_\_\_

RIGHT LEFT



Date \_\_\_\_\_

RIGHT LEFT

