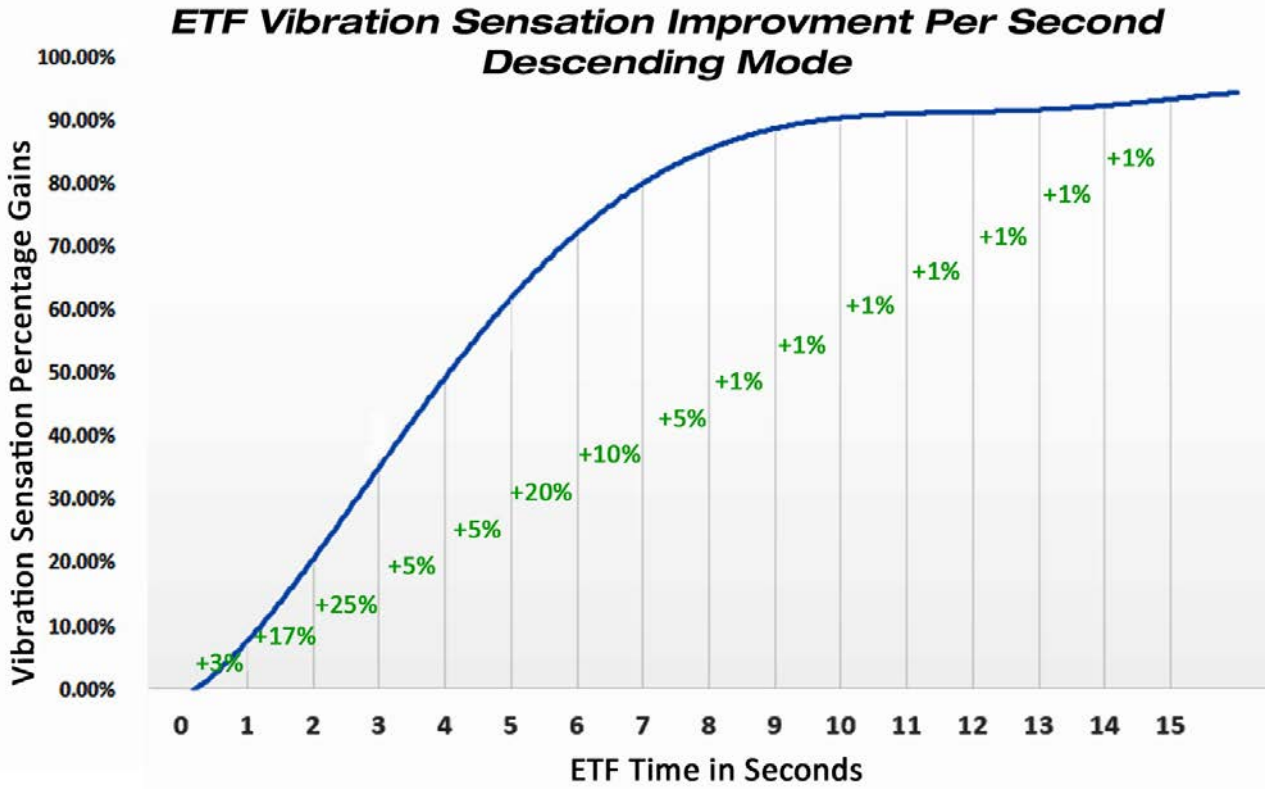


Patient: _____

Date: _____

Right _____ (location)



Left _____ (location)

