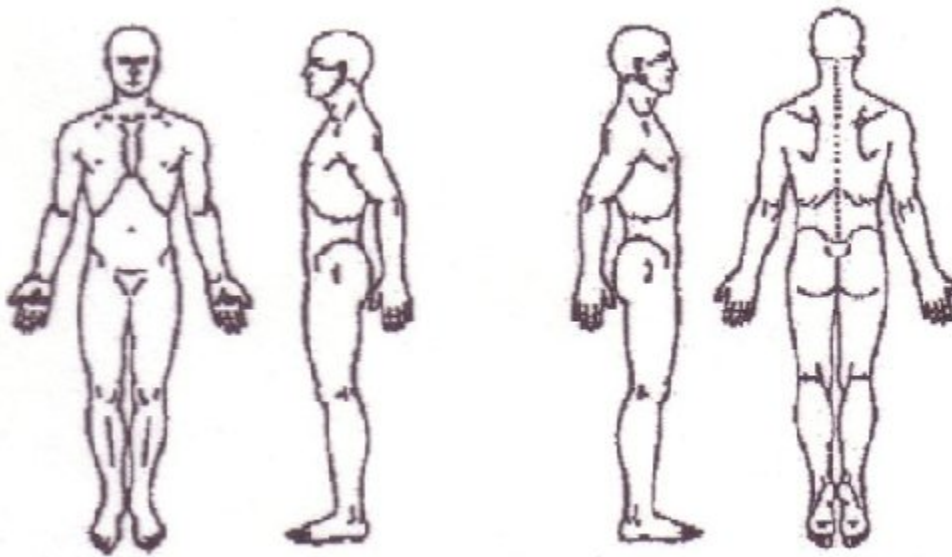
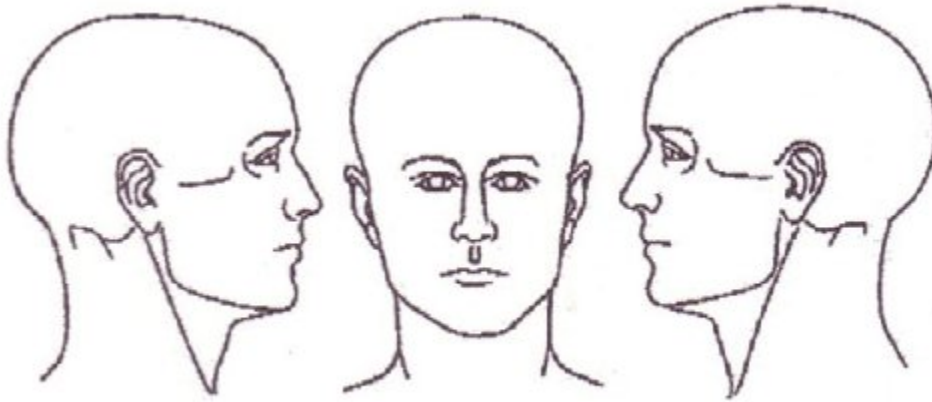


Please indicate areas of pain or distress:



Comments:

Patient Signature: _____ Date: _____