

Patient Name _____

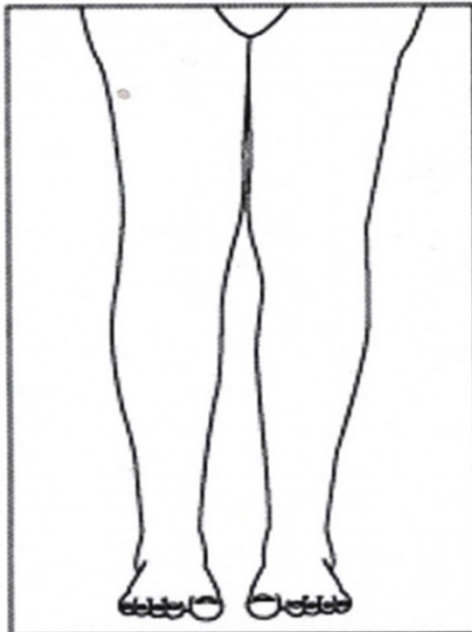
Date of Birth: ____/____/____

Date of Appointment: ____/____/____

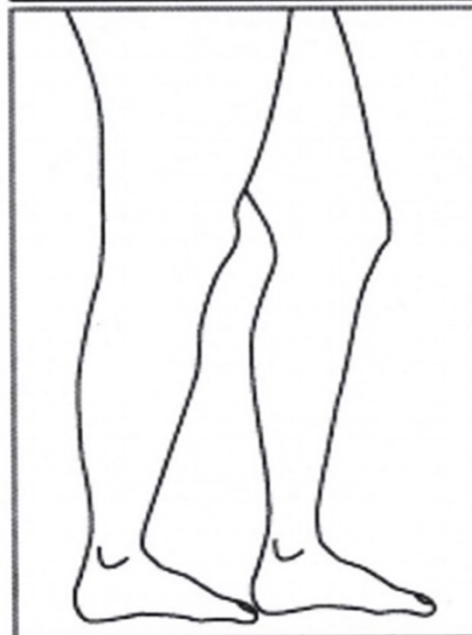
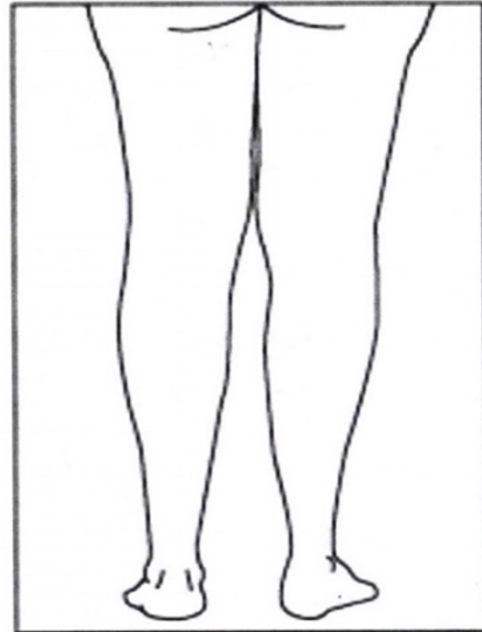


Please indicate area of concern.

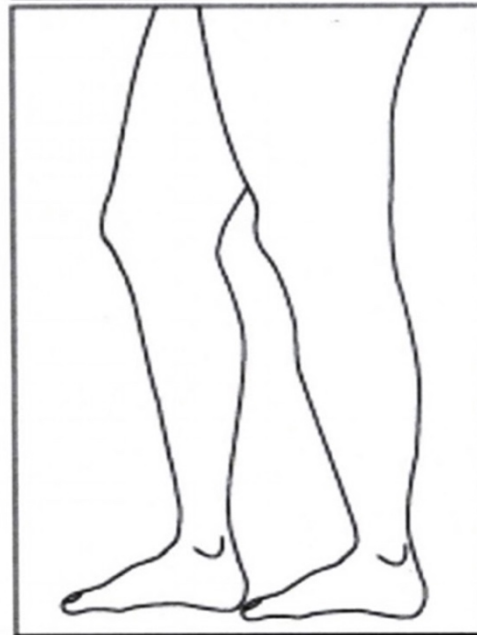
Front



Back



Right Outer/Left Inner



Right Inner/Left Outer