

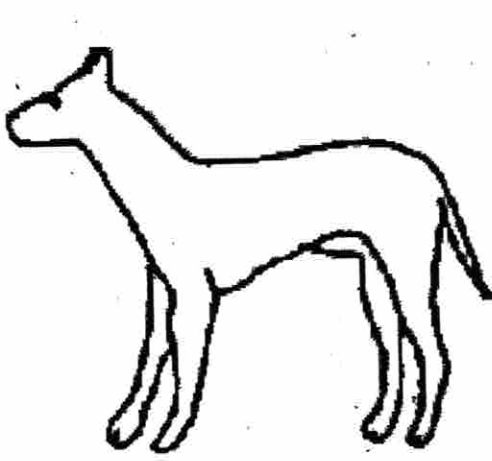
CLIENT NAME: _____

CLIENT #: _____

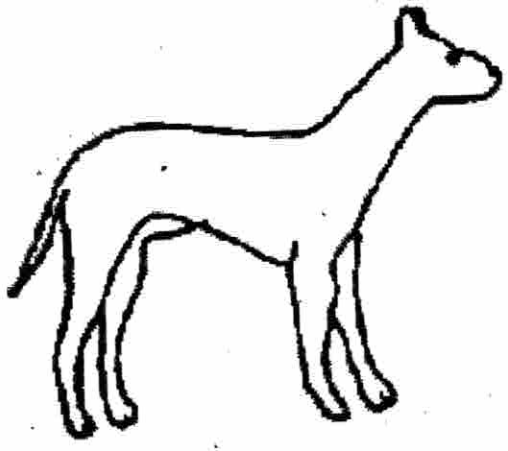
PATIENT NAME: _____

DATE: _____

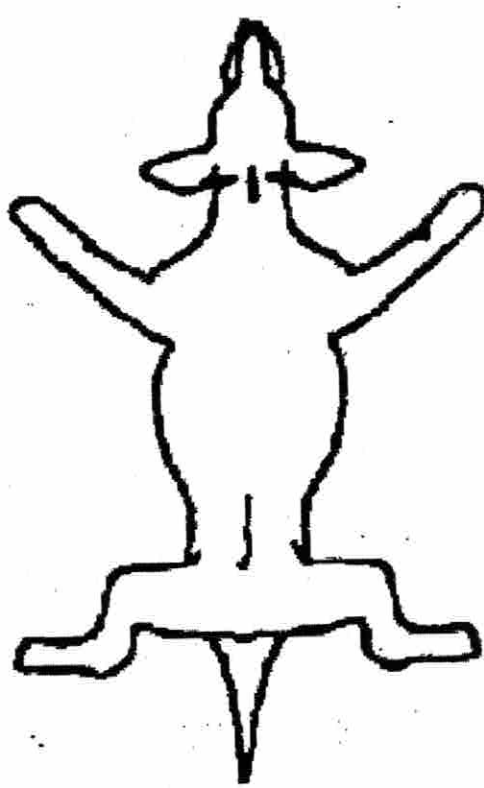
PLEASE MARK ALL GROWTH/LESSIONS WITH AN X



Left Side



Right Side



Under Side



Top Side