

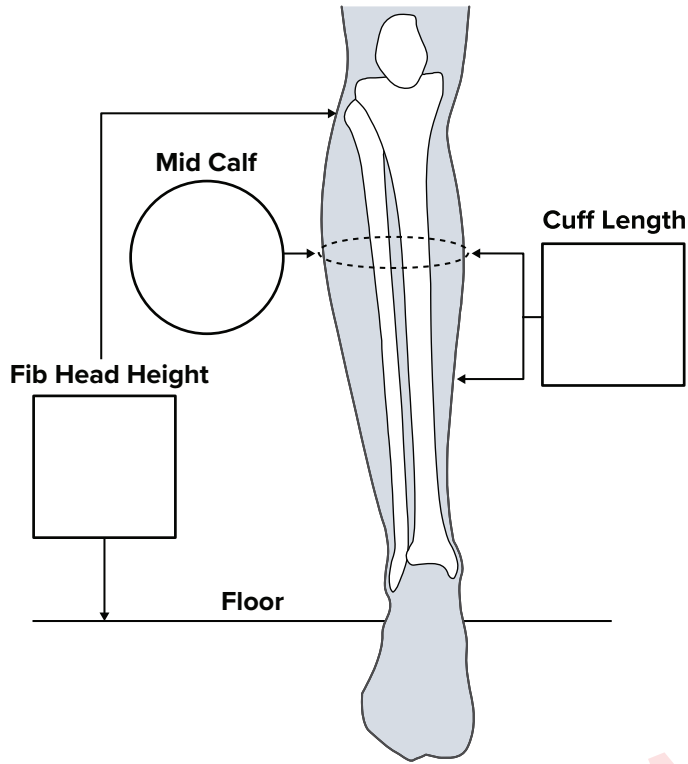
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PATIENT ID: (first initial) _____ (last name) _____

MEASUREMENTS

NOTES



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