

DIAGNOSTIC



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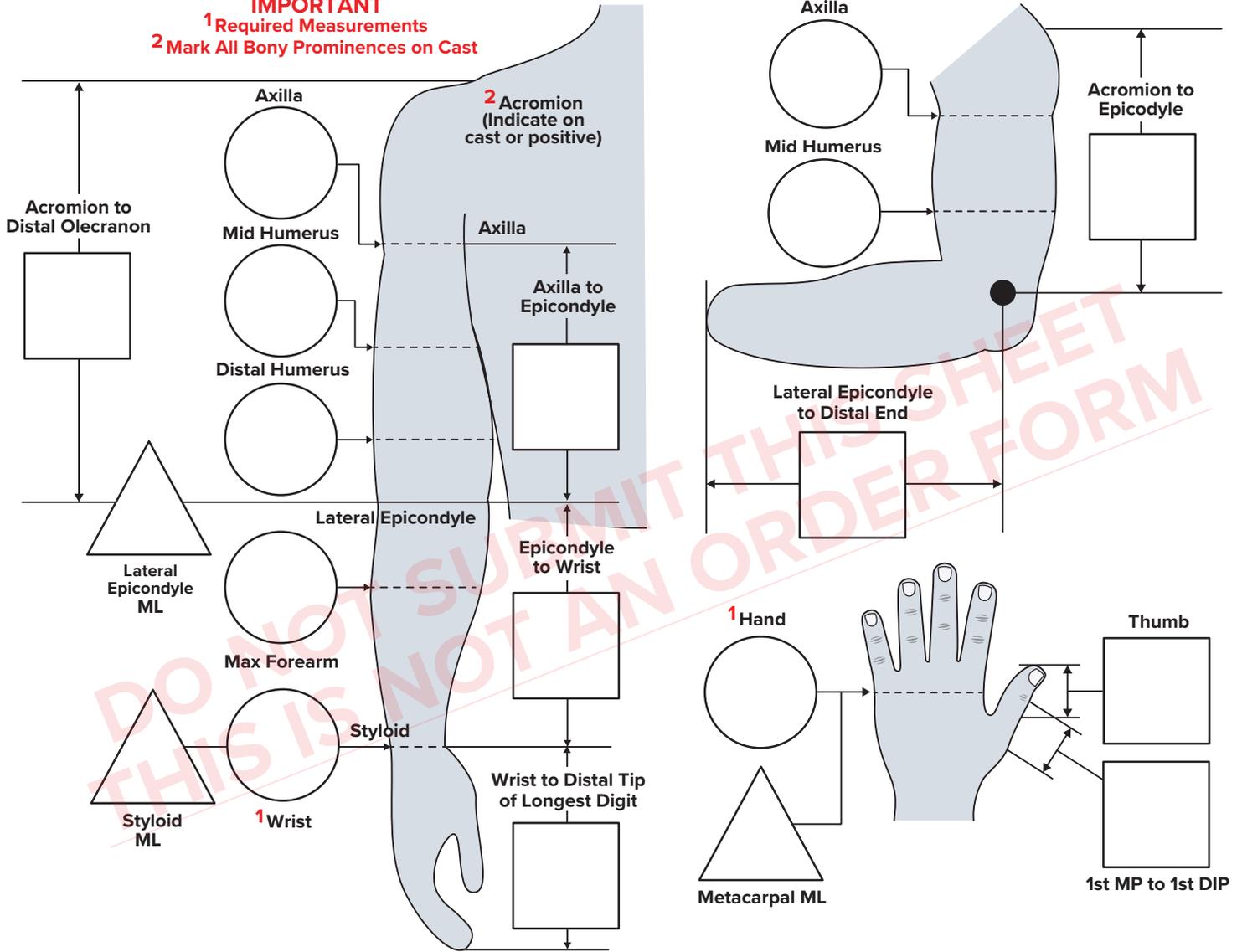
DEFINITIVE



PATIENT ID: (first initial) \_\_\_\_\_ (last name) \_\_\_\_\_

### MEASUREMENTS

**IMPORTANT**  
**1** Required Measurements  
**2** Mark All Bony Prominences on Cast



### NOTES