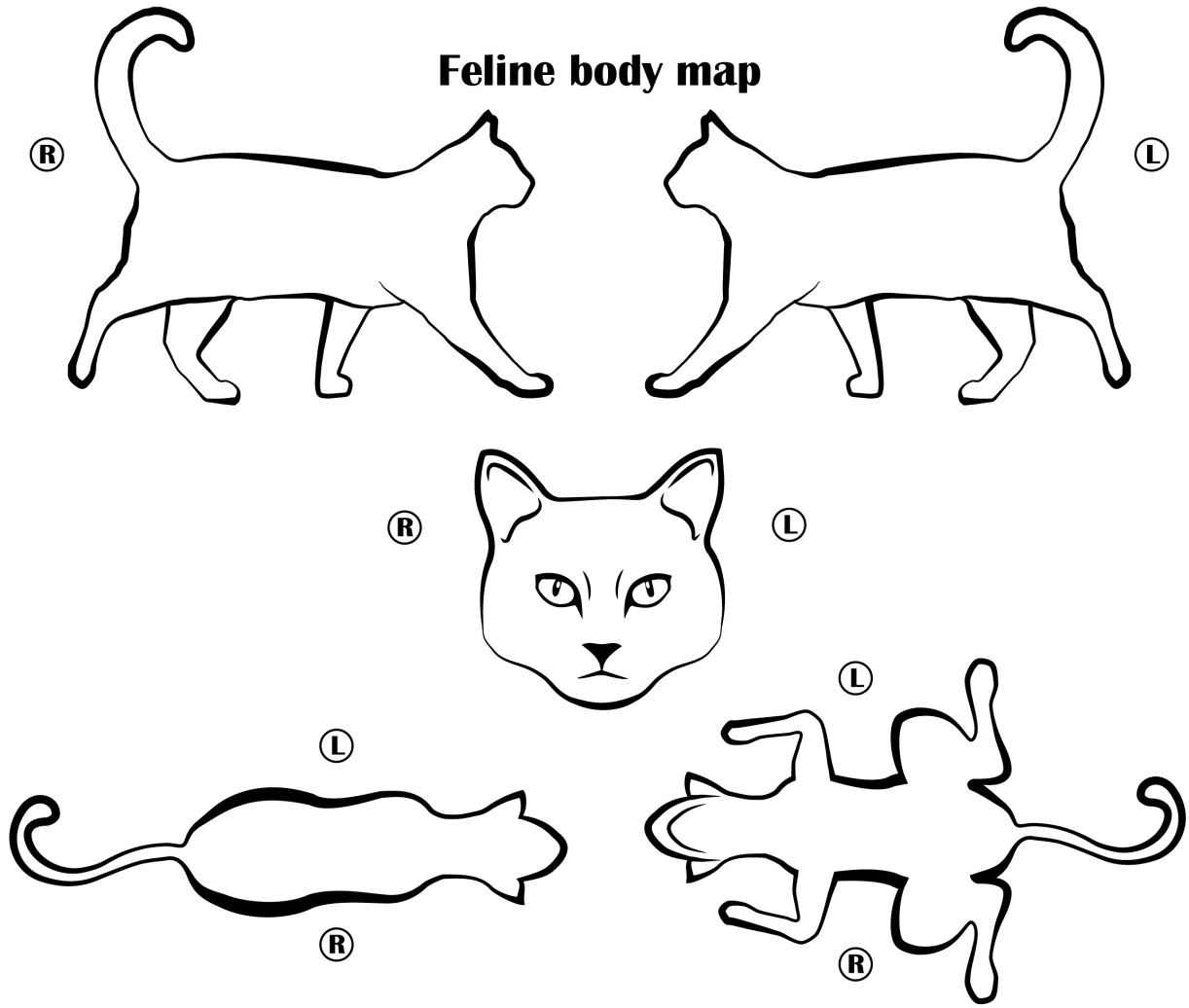


Patient Name _____ Last Name _____ Date _____



#	Date	Size	Description/Appearance

