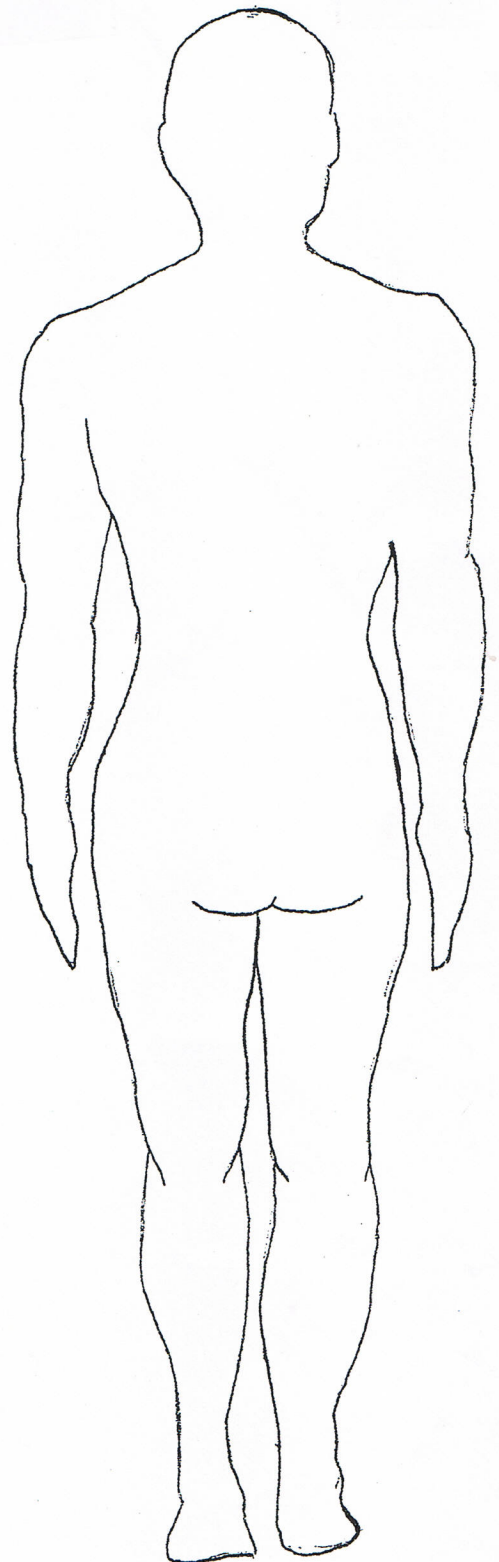
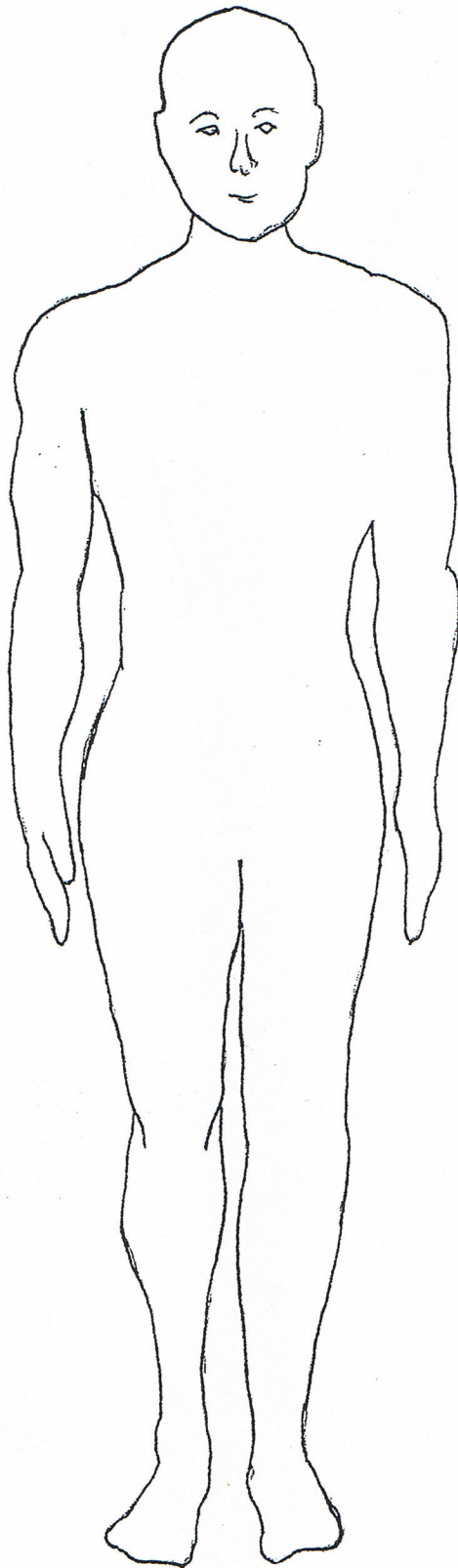


Patient name _____

Date _____



Please indicate the location of your pain today.