

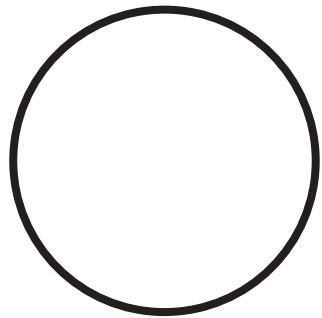
Patient's name:

Doctor's name:

Hvn number:

Exhb number:

Date:



Hymen

