

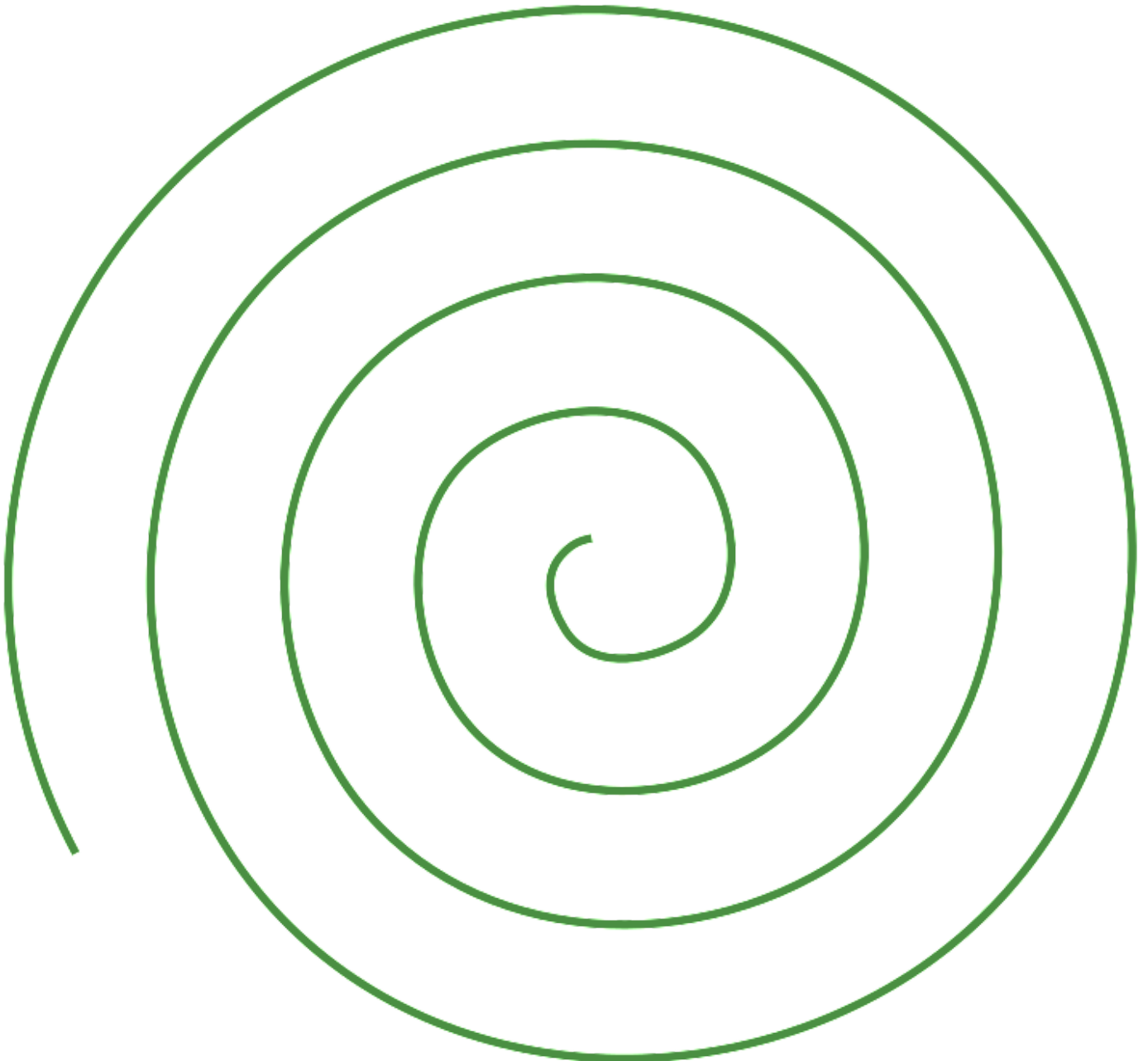


Healthport

Date_____

Name_____

with/without glove (circle)





Healthport

Date_____

Name_____

with/without glove (circle)

