

TOWER PROFESSIONAL BUILDING
350 WEST ARMITAGE STREET
ARKHAM, MASSACHUSETTS
TELEPHONE 3771

Patient's Name: _____ File Number: _____

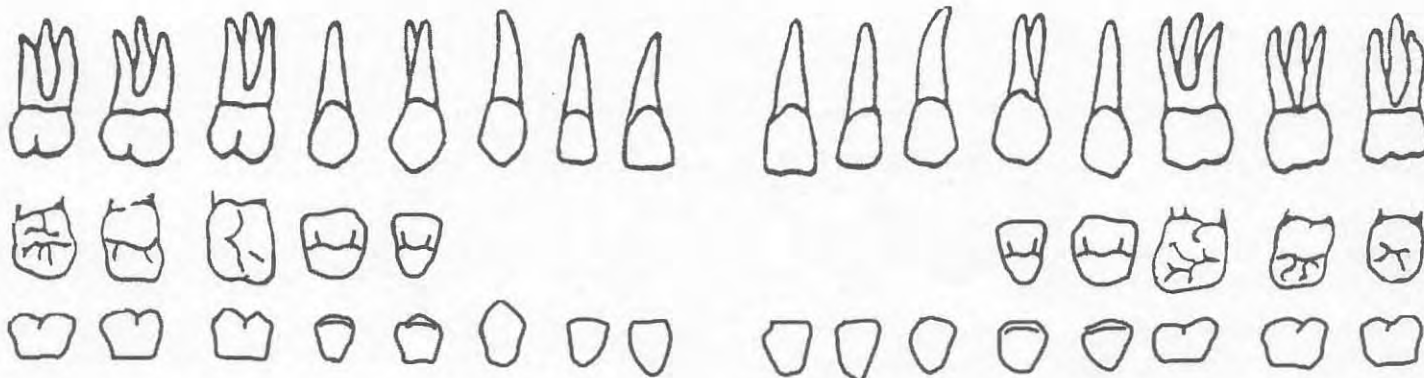
Address: _____ Telephone Number: _____

Color Code:

Planned Work Completed Work

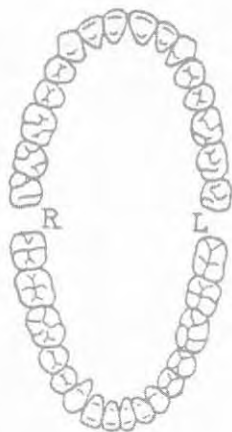
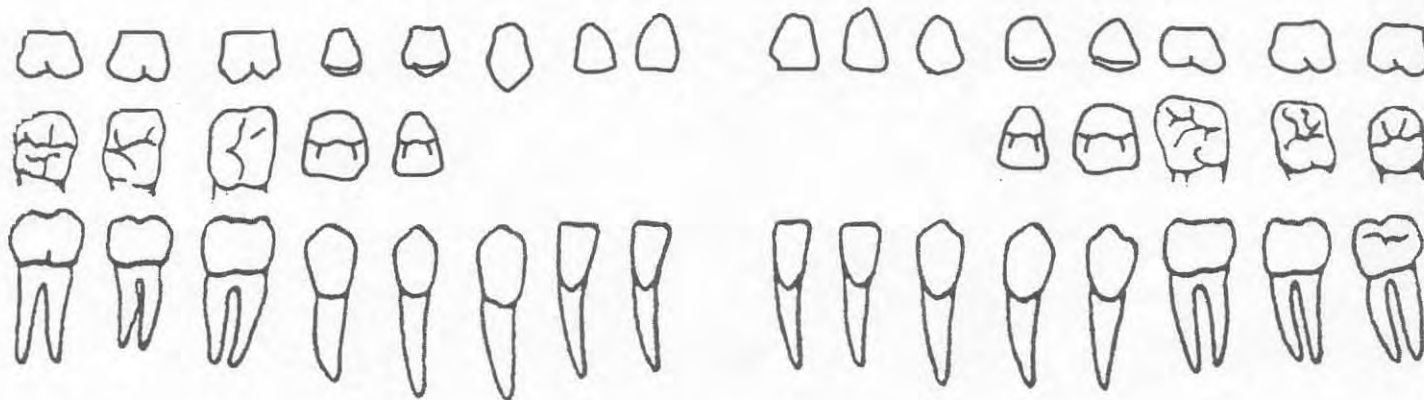
PATIENT'S LEFT

PATIENT'S RIGHT



UPPER

LOWER



Date work performed: _____

Summary of work performed: _____

Date work performed: _____

Summary of work performed: _____

Date work performed: _____

Summary of work performed: _____

Date work performed: _____

Summary of work performed: _____