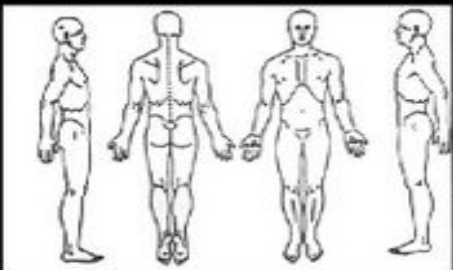
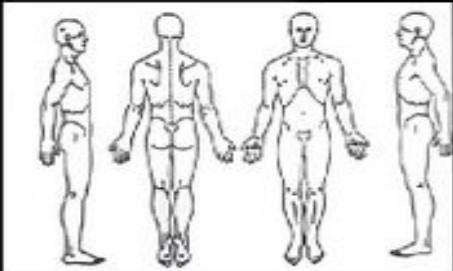


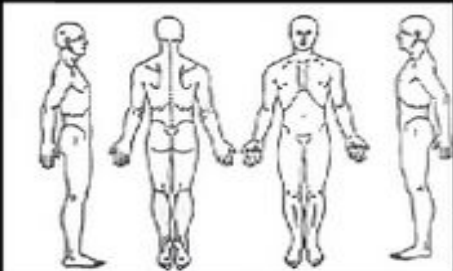
Name _____ DOI _____
 Where accident happened _____ What happened _____
 Ins. claim number _____ Ins. Address _____
 Ins. phone number _____
 Ins. contact person _____



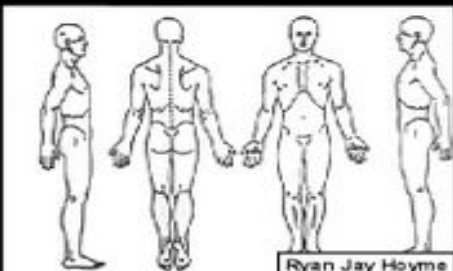
Date _____ Session # _____ Pain Scale-12345678910
 S: _____
 O: _____
 A: _____
 P: _____



Date _____ Session # _____ Pain Scale-12345678910
 S: _____
 O: _____
 A: _____
 P: _____



Date _____ Session # _____ Pain Scale-12345678910
 S: _____
 O: _____
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Date _____ Session # _____ Pain Scale-12345678910
 S: _____
 O: _____
 A: _____
 P: _____

Ryan Jay Hoyme