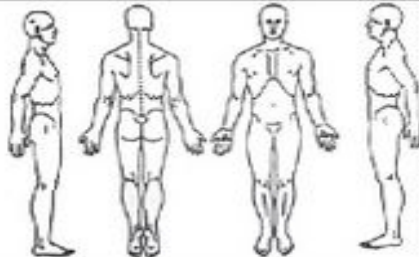
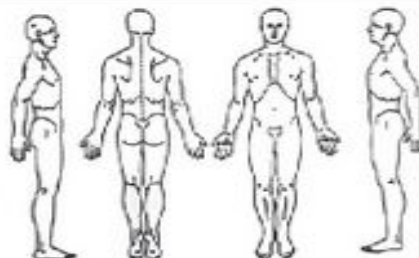


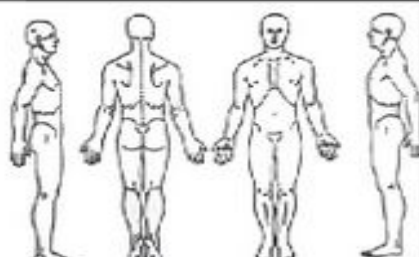
Name _____ DOI _____
Where accident happened _____ What happened _____
Ins. claim number _____ Ins. Address _____
Ins. phone number _____
Ins. contact person _____



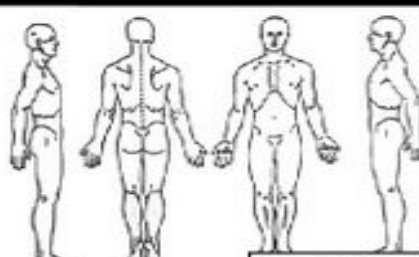
Date _____ Session # _____ Pain Scale-12345678910
S: _____
O: _____
A: _____
P: _____



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



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



Ryan Jay Hoyme

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