

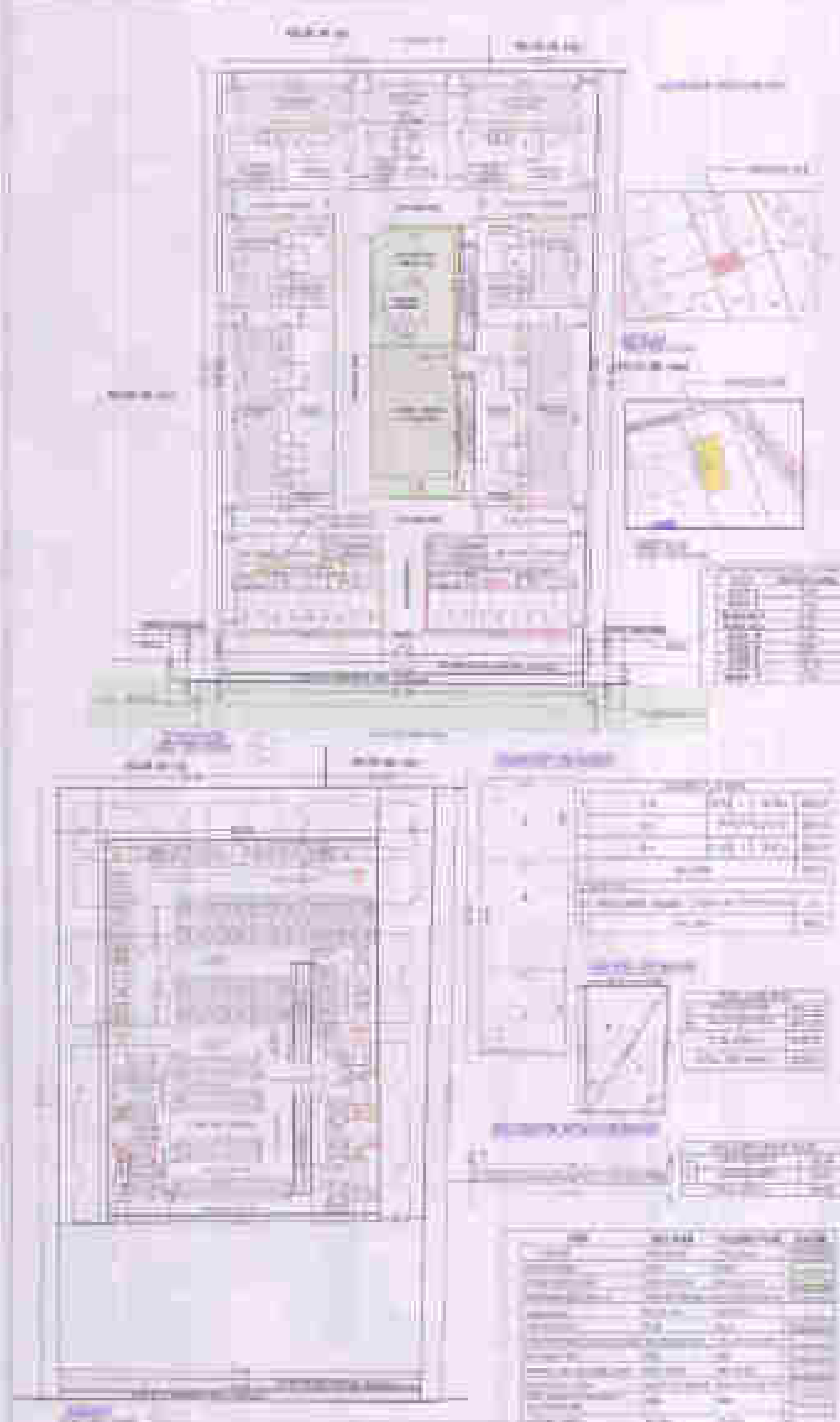


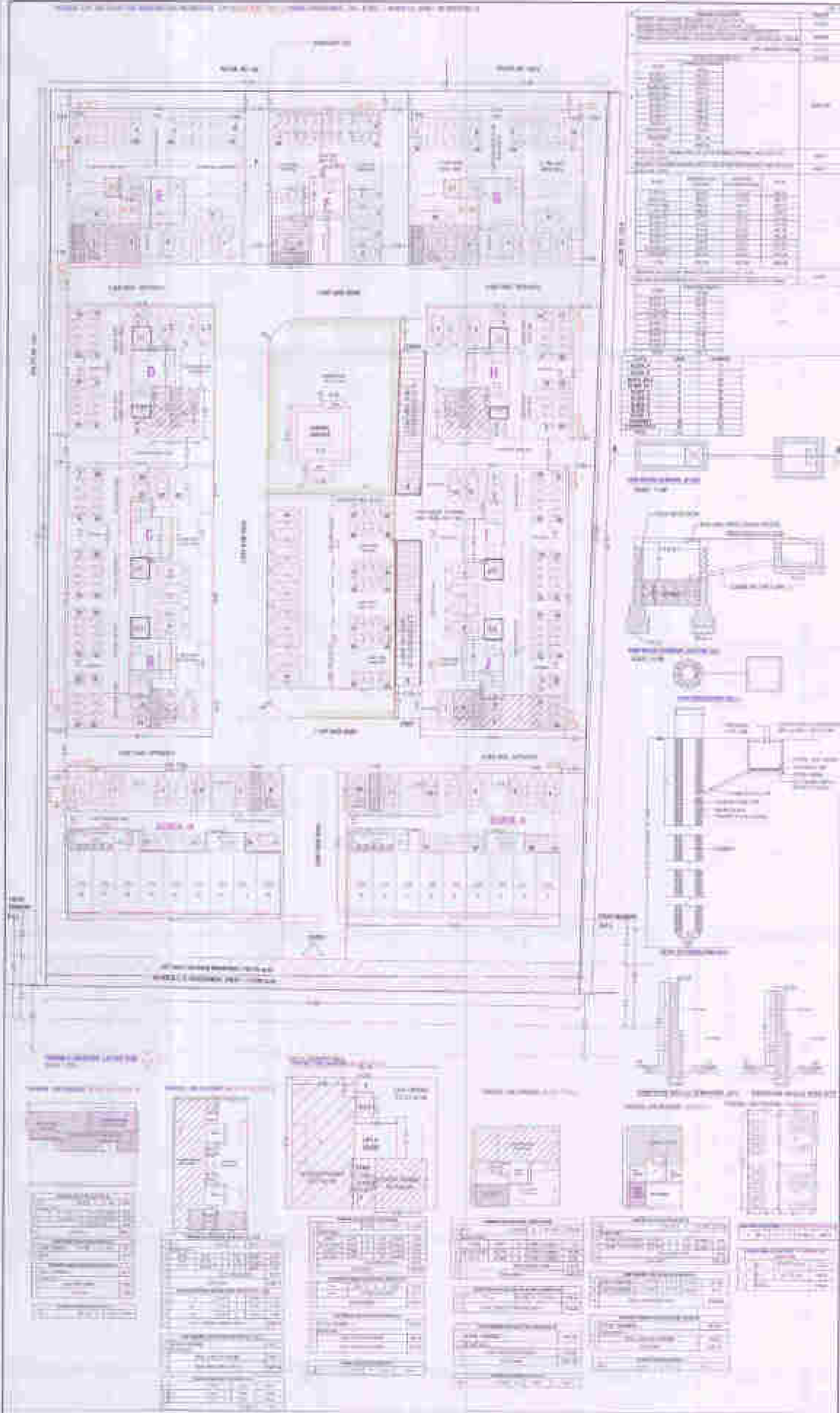
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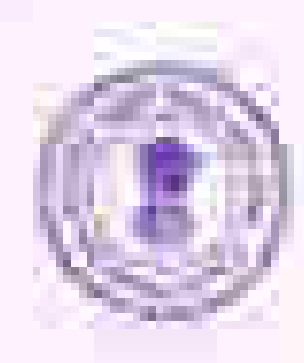
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PATIENT REFERRAL SIGNATURE: [Referral Signature]										PHYSICIAN REFERRAL SIGNATURE: [Referral Signature]										HISTORY OF PRESENT ILLNESS										PHYSICAL EXAMINATION										LABORATORY TESTS										IMMUNIZATION RECORD										MEDICATIONS										ALLERGIES										SOCIAL HISTORY										FAMILY HISTORY										PROGNOSIS										TREATMENT										FOLLOW-UP									
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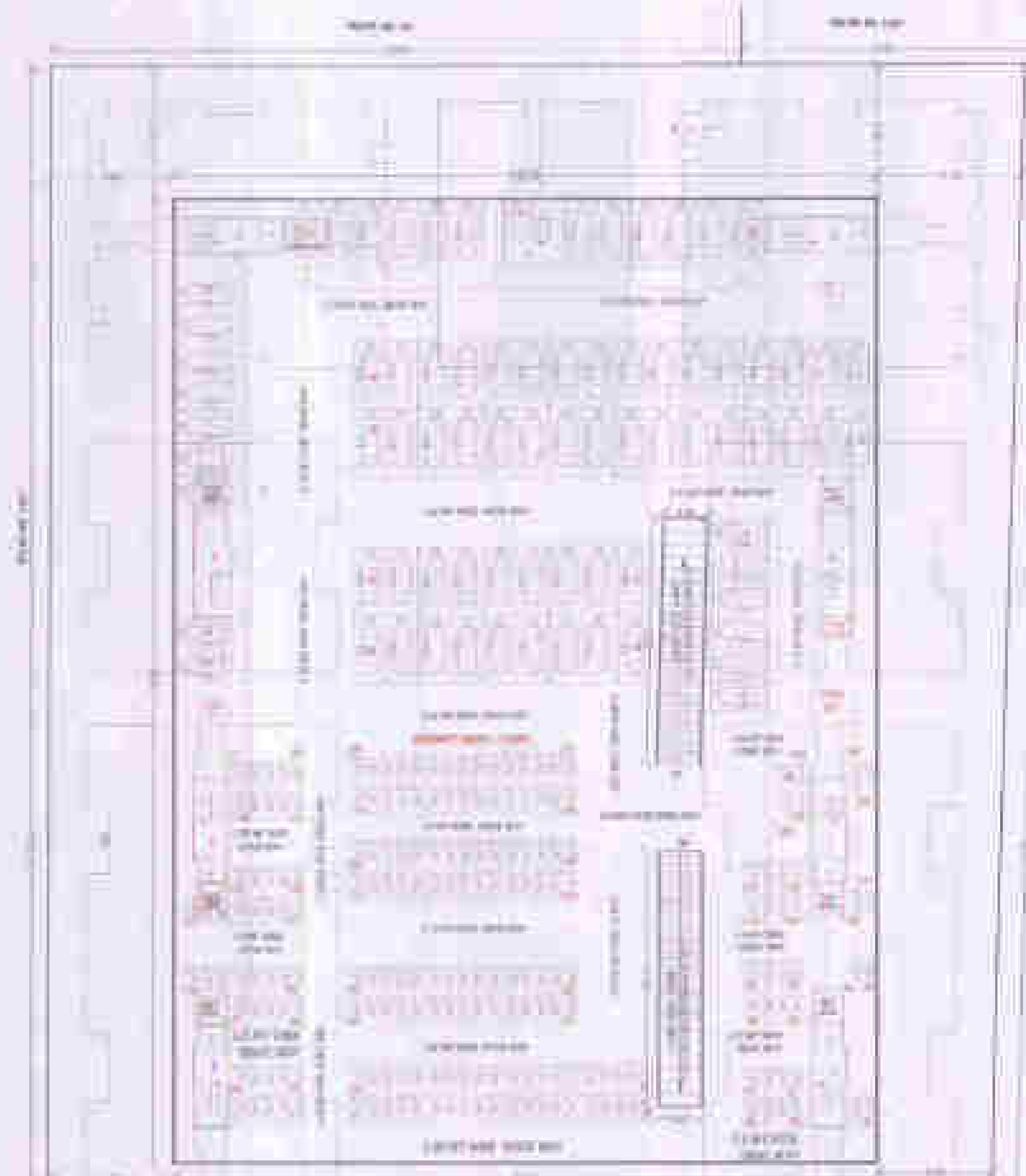


NOTES FOR THE STUDENT:
This drawing is for the purpose of the course only.
It is not to be used for any other purpose without the permission of the instructor.



DATE: _____
BY: _____
CHECKED BY: _____
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REMARKS:

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PROPOSED SUBDIVISION



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CROSS-SECTION

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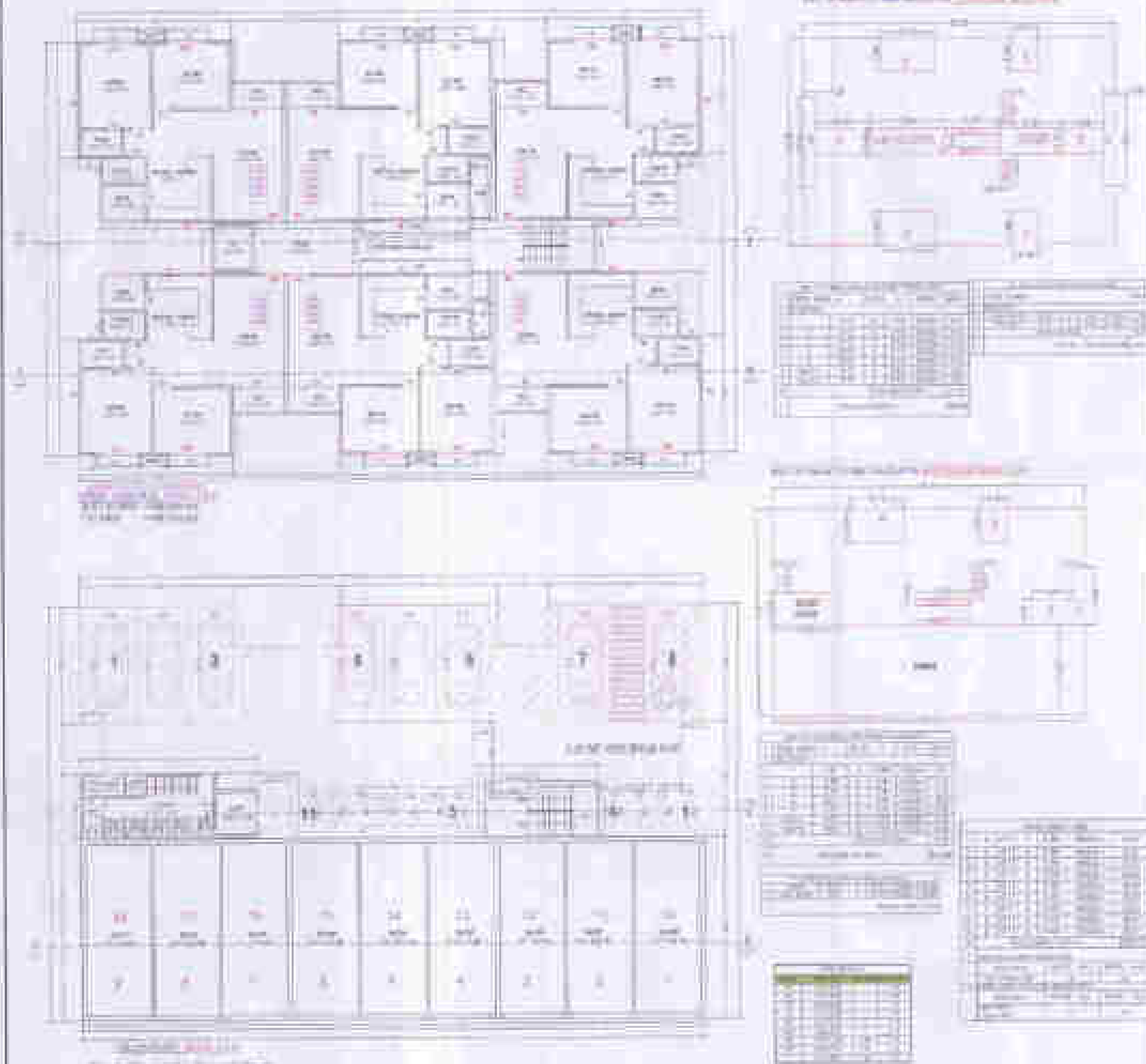
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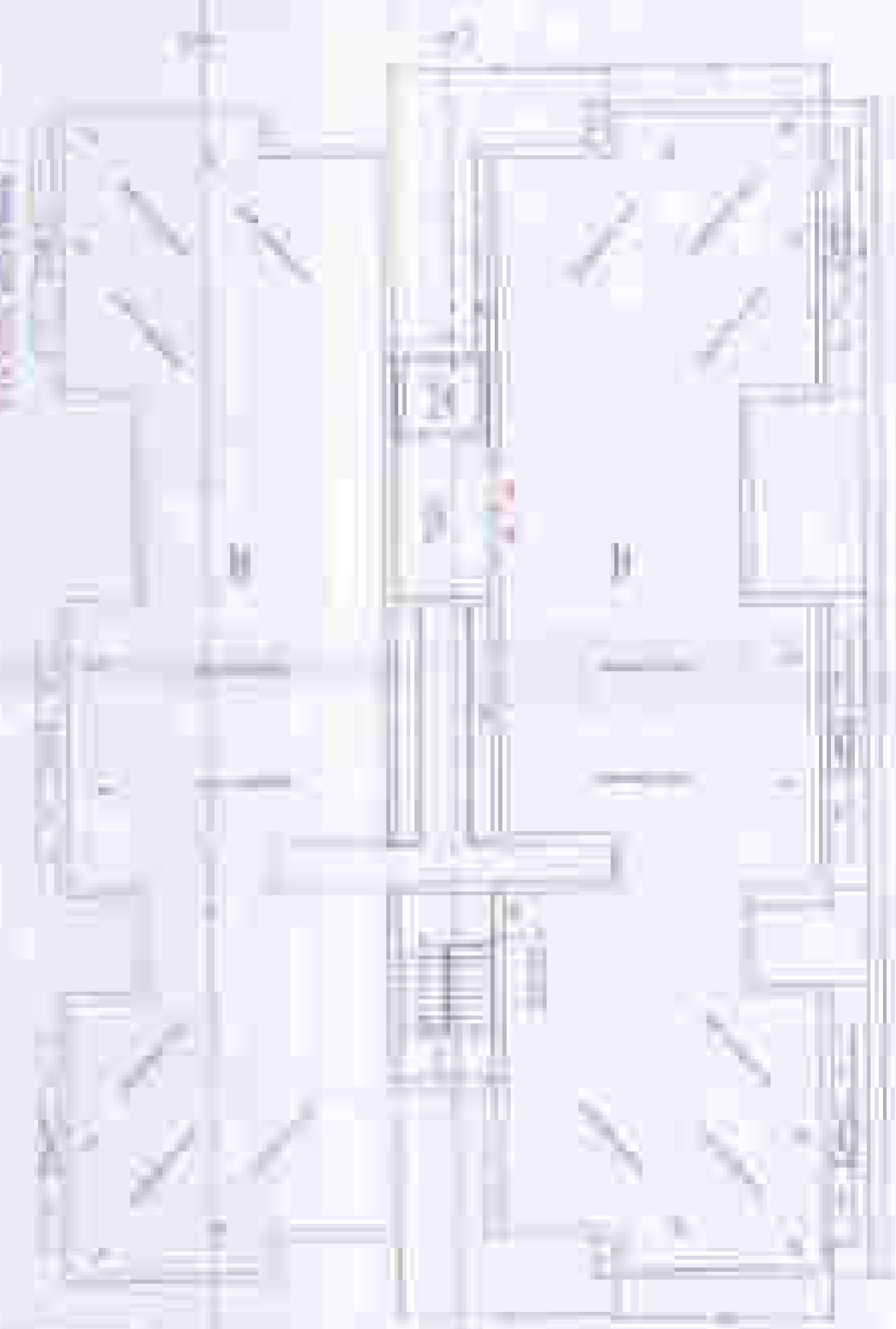
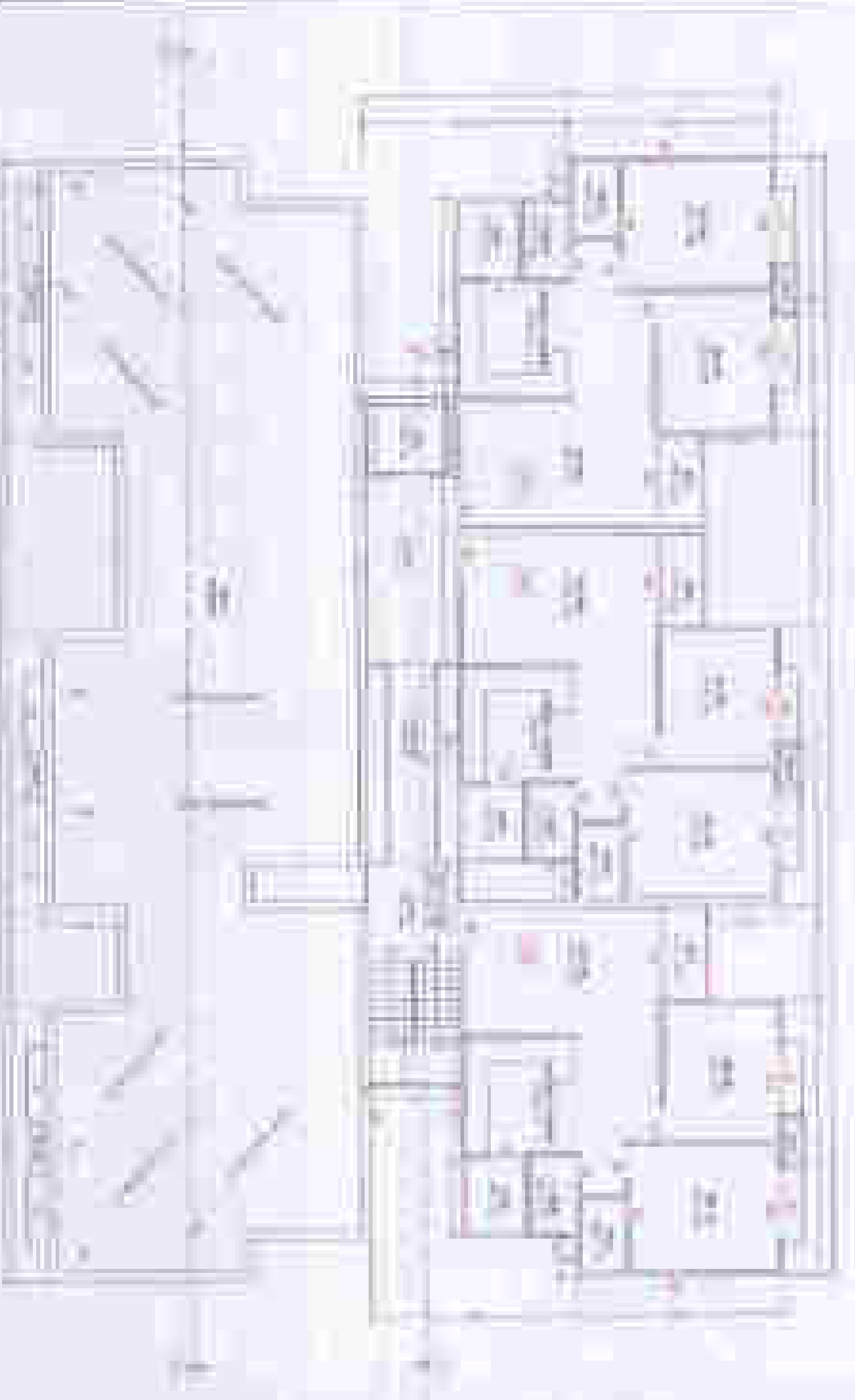
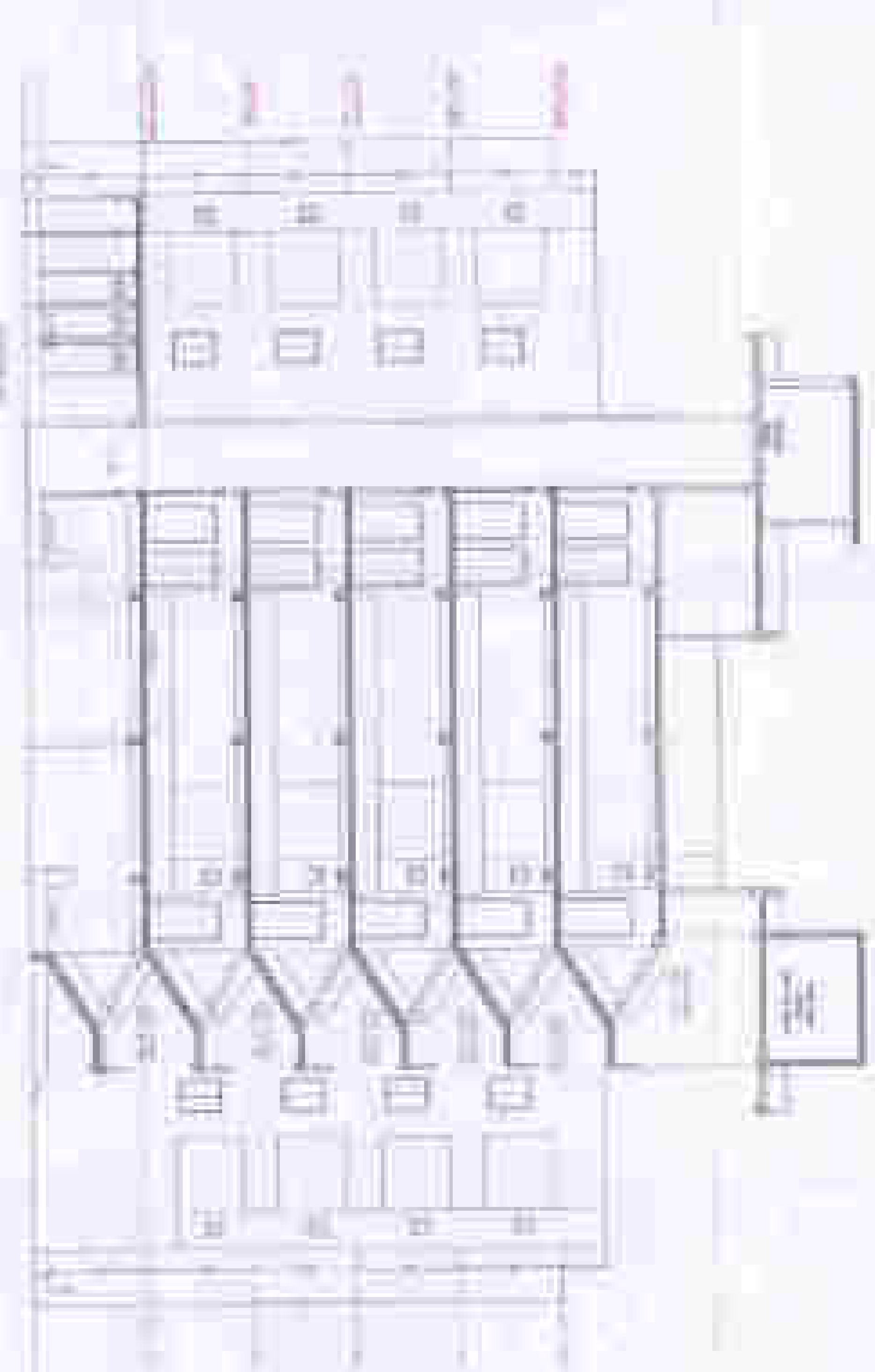
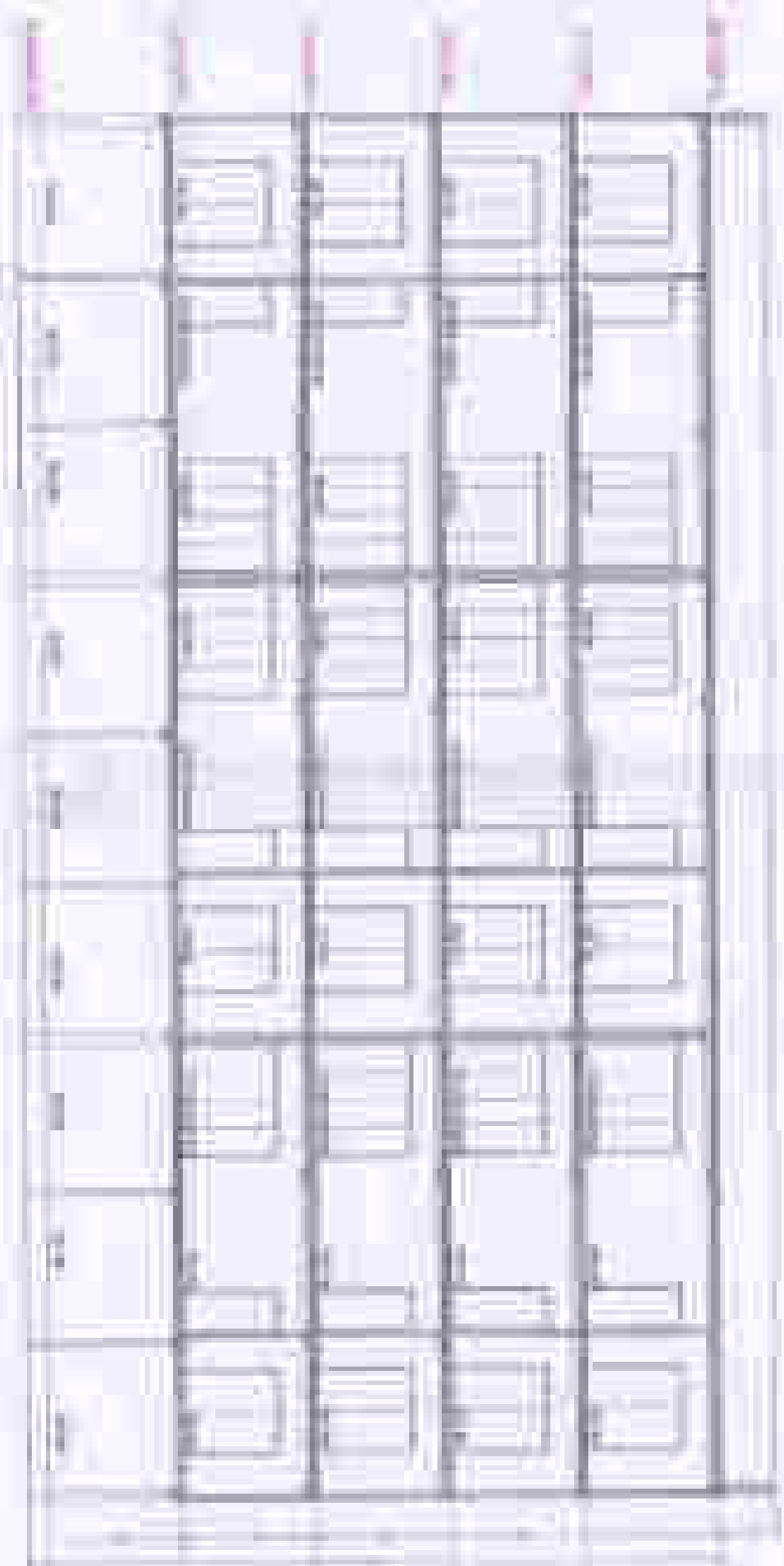
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27(12) 2309–2324
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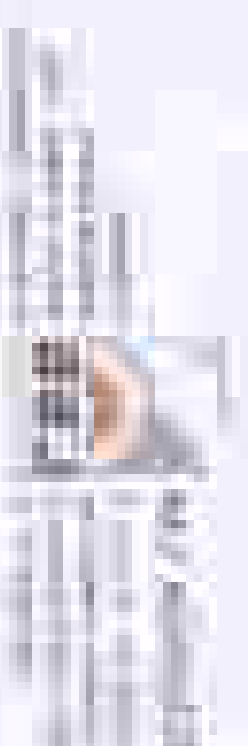
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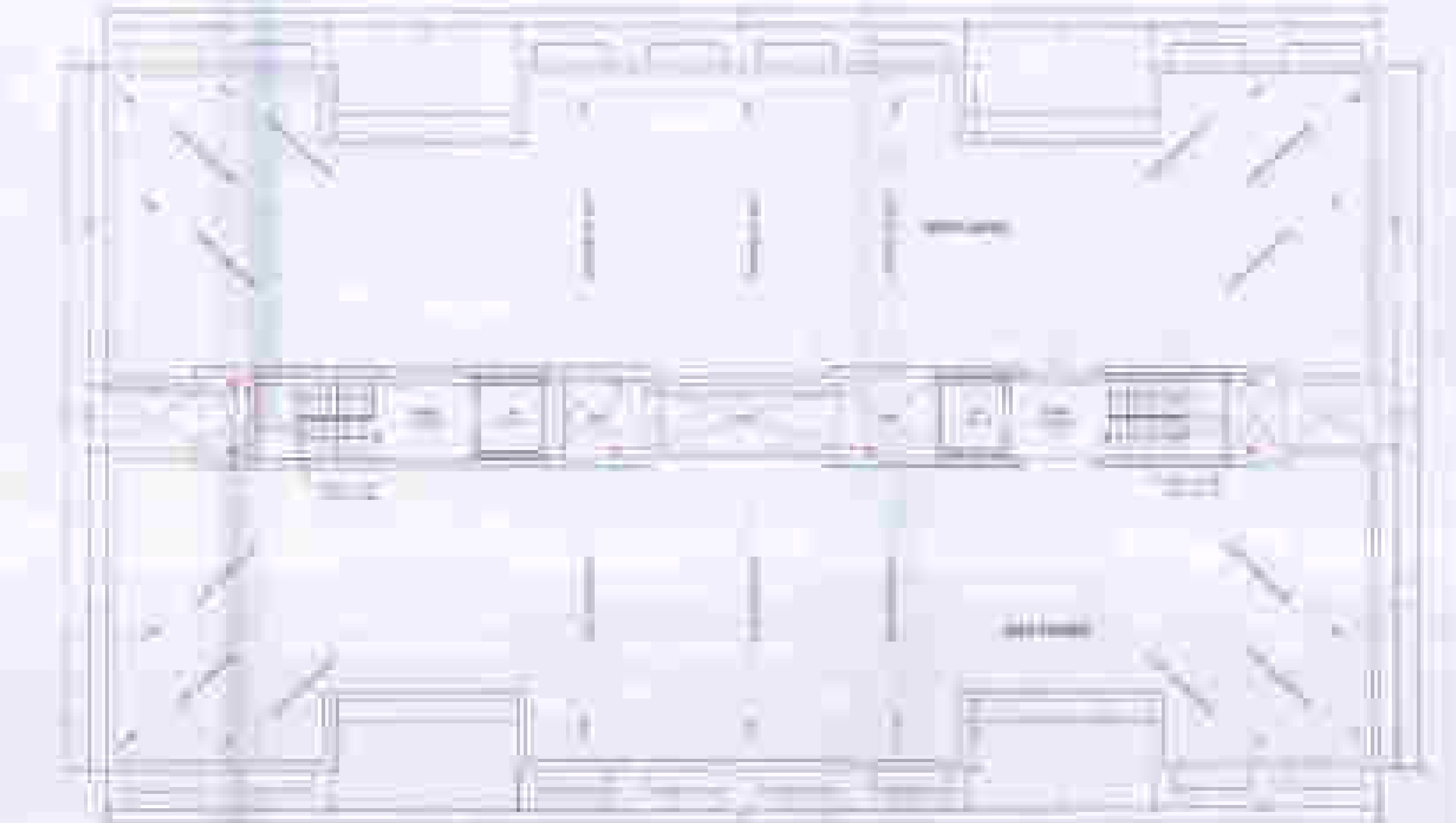
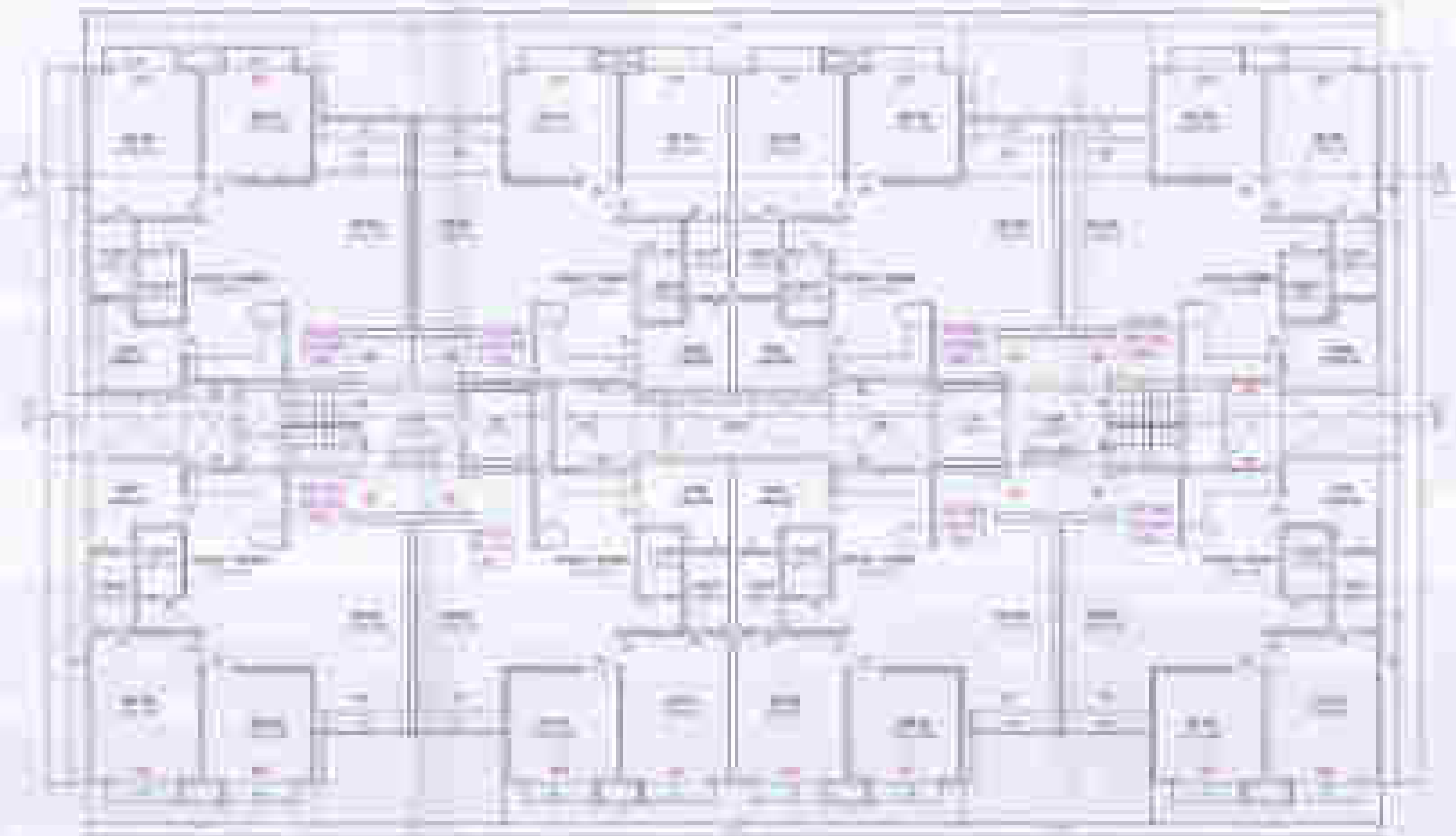
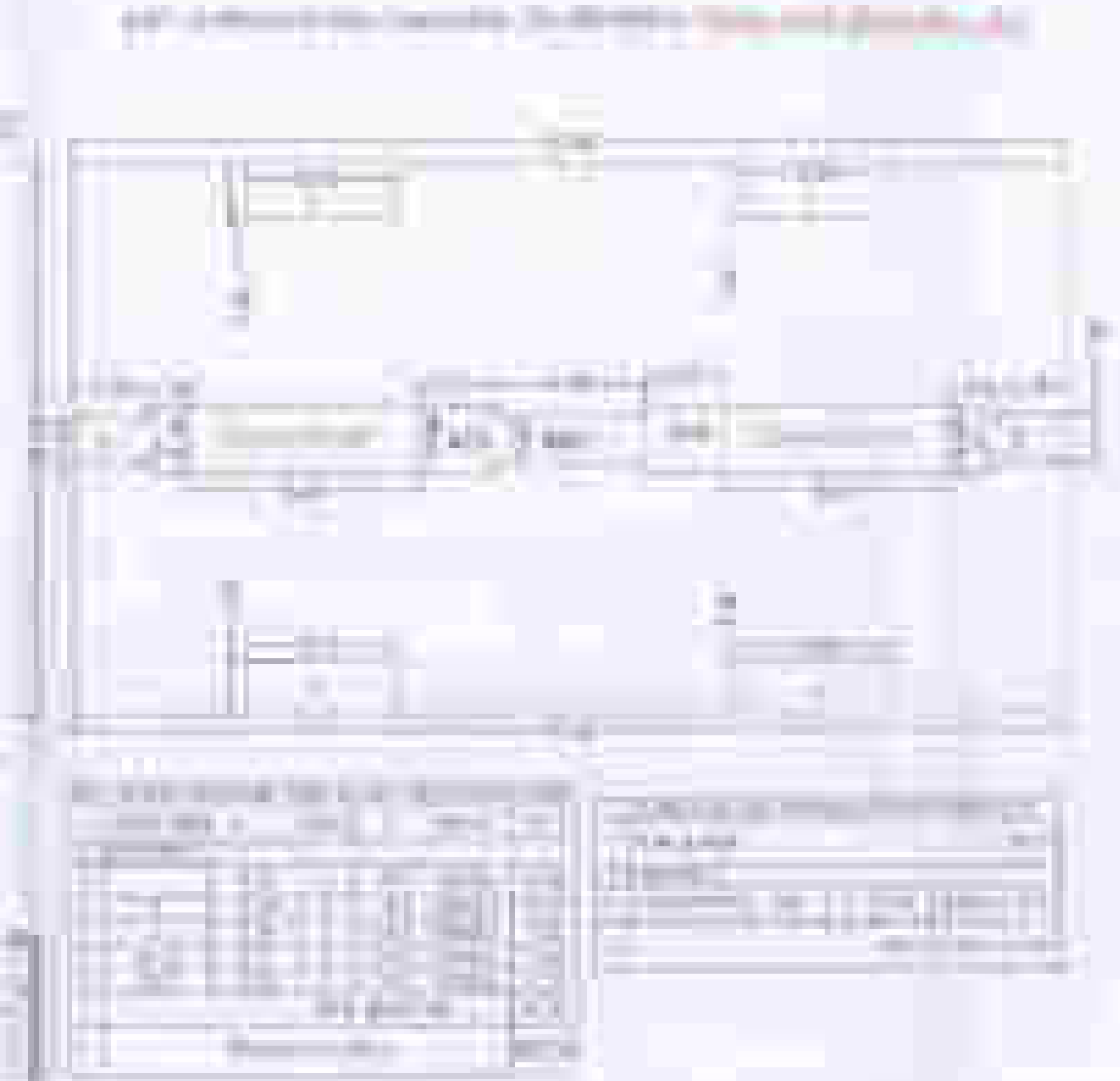
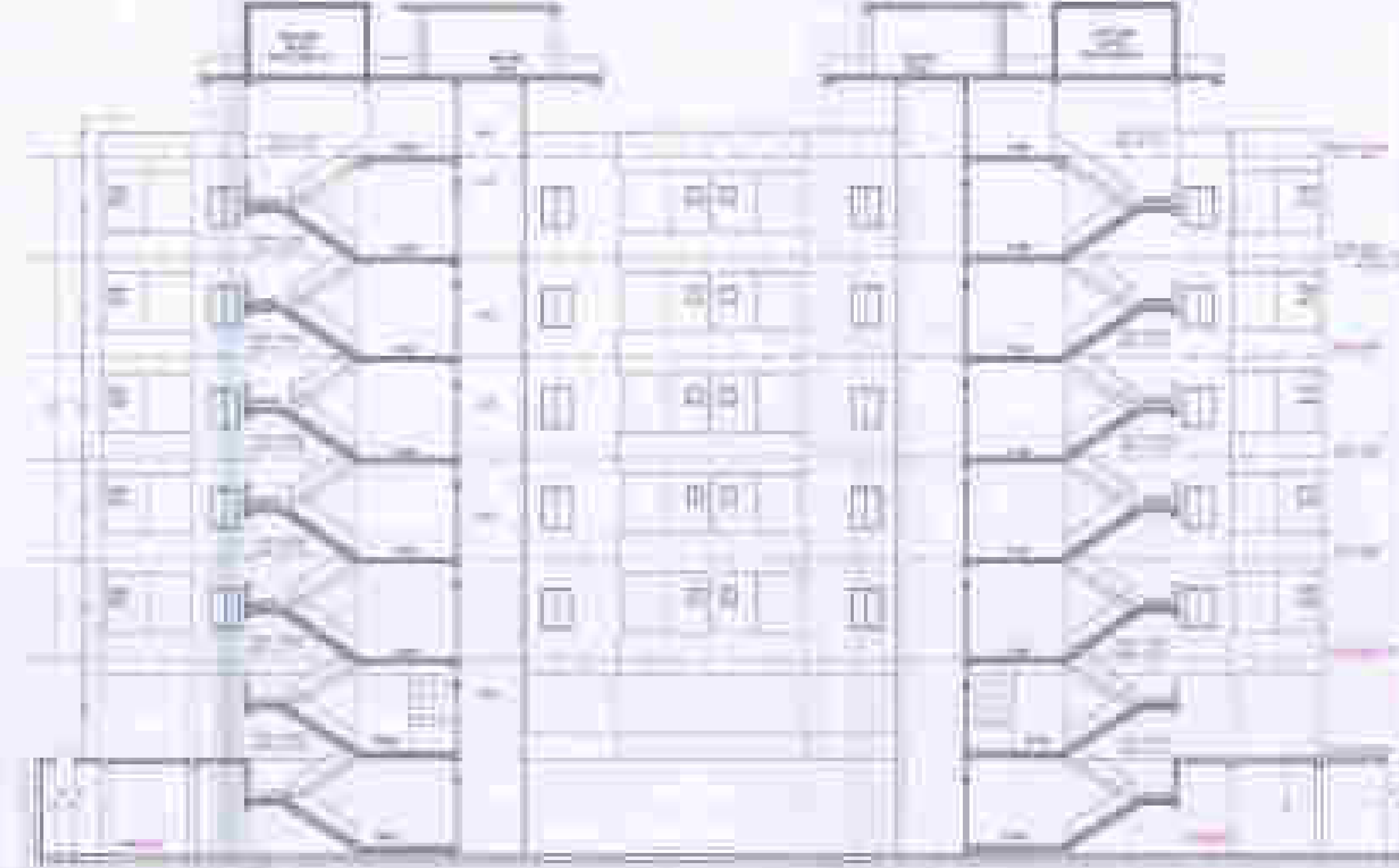
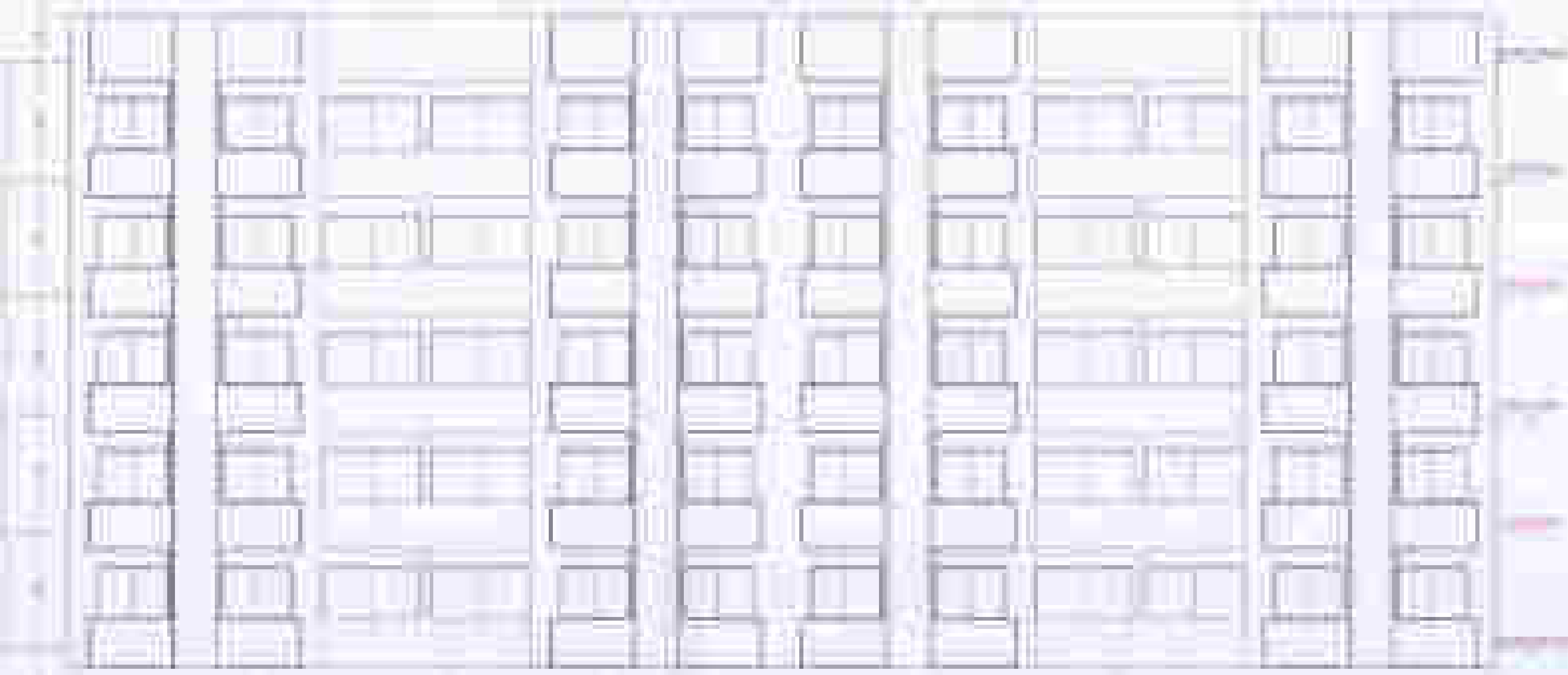
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