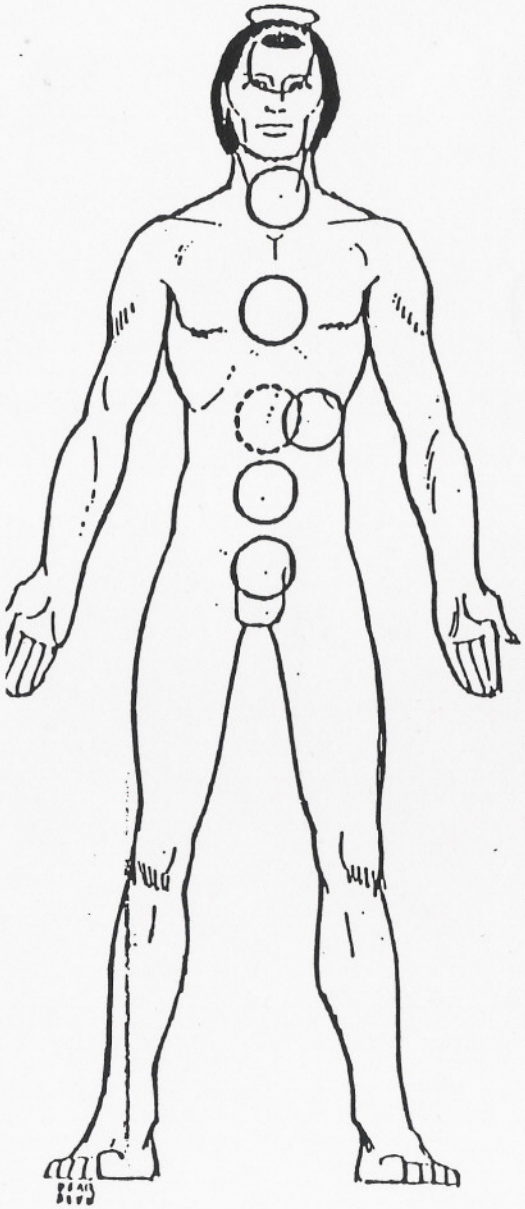
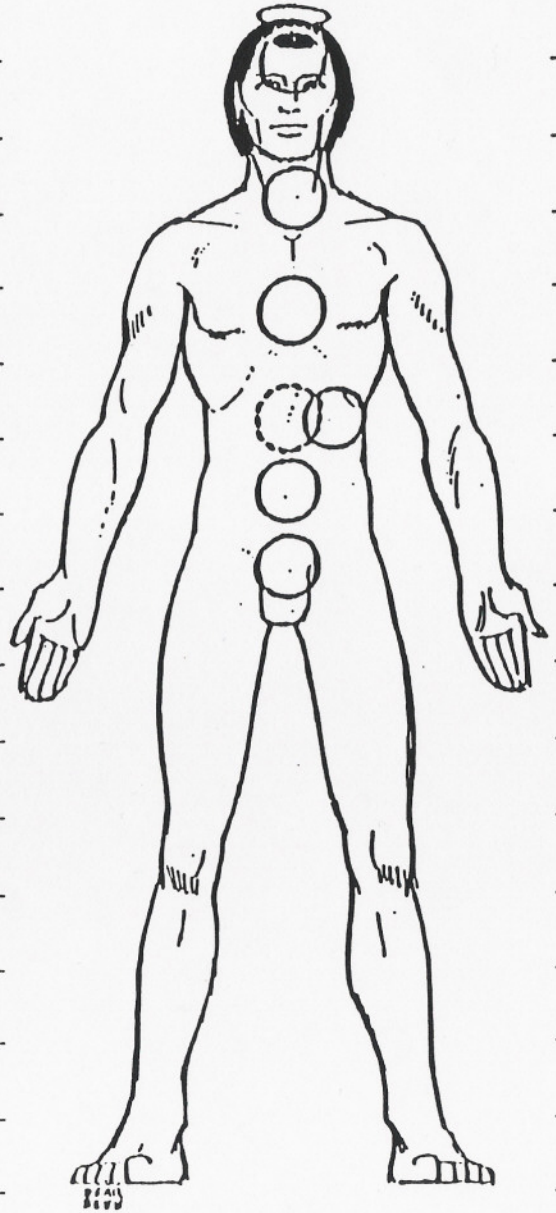
CLIENT NAME

DATE

HEALER'S NAME

HEALER ASSESSMENT
PRE-TREATMENT



HEALER ASSESSMENT
POST-TREATMENT