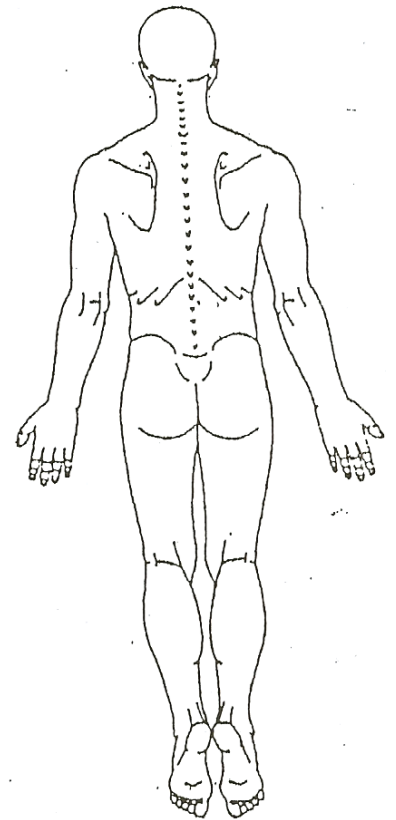
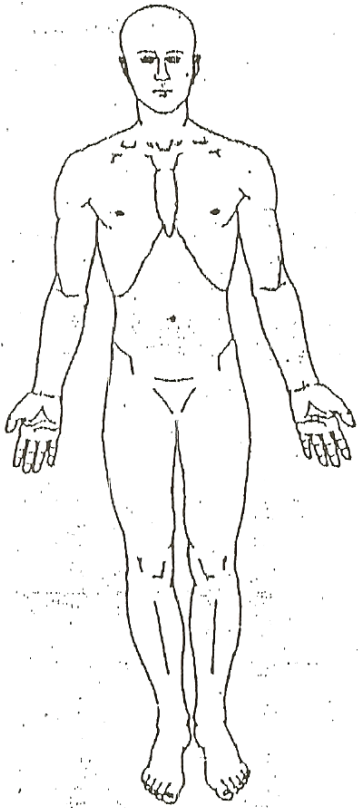


**CIRCLE AREAS OF COMPLAINT**



I verify the above information is true.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date