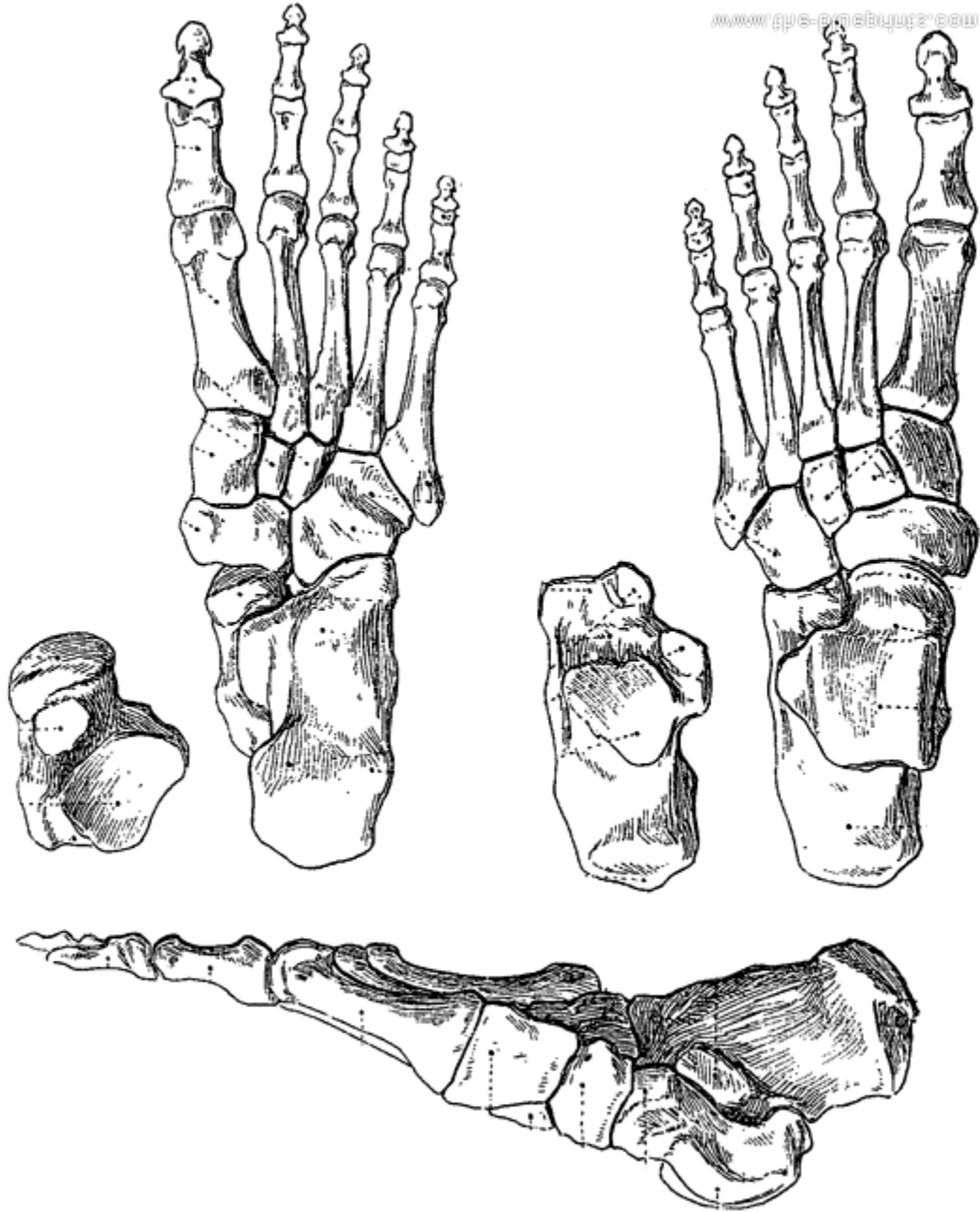


Patient _____

Right Foot

Left Foot



These diagrams were explained to me and I understand them.

Patient Signature _____ Date _____

Witness _____ Date _____