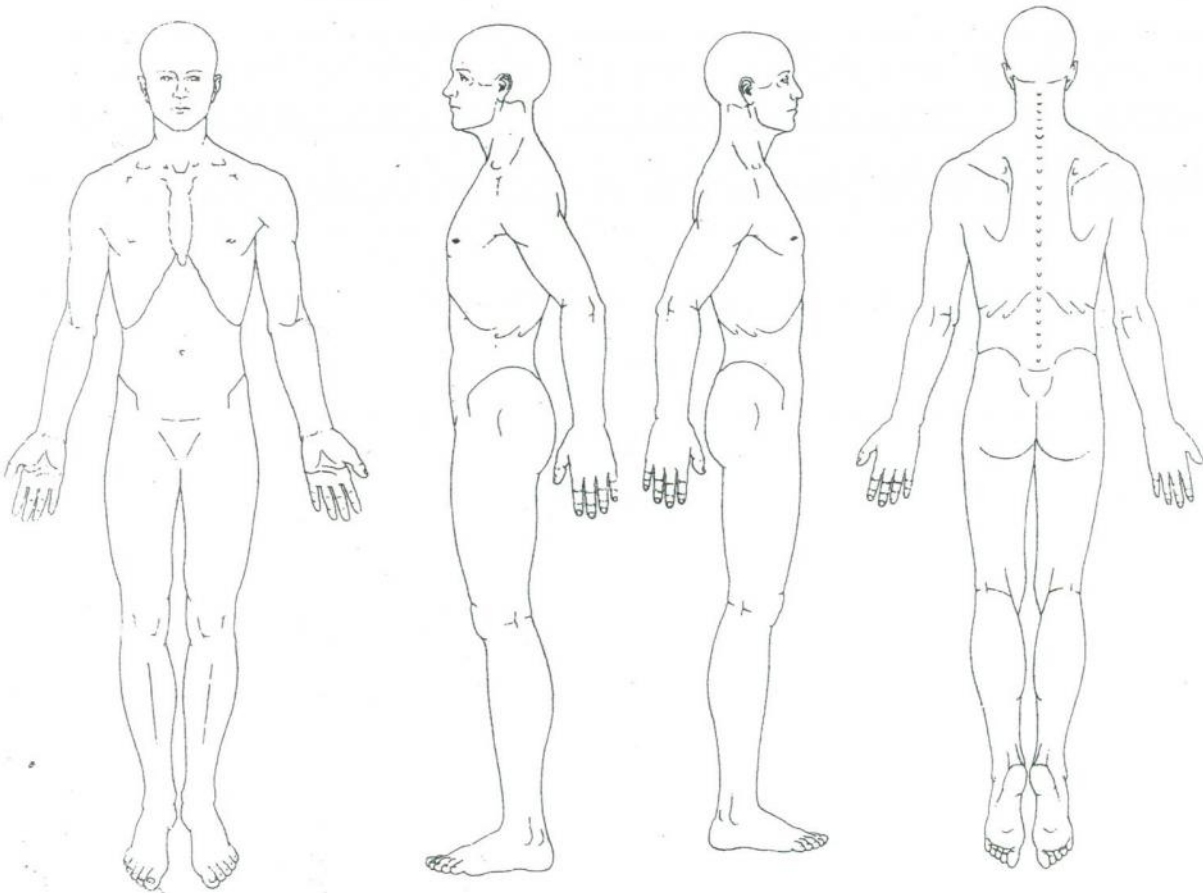


**PAIN LOCATION**



Please mark off the areas of your complaint on the diagram above.  
Please use the following symbols on the pain diagram to accurately describe your condition.

- PPP**      Where you experience Pain
- NNN**     Where you experience Numbness
- TTT**      Where you experience Tingling
- BBB**      Where you experience Burning
- CCC**      Where you experience Cramping

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_