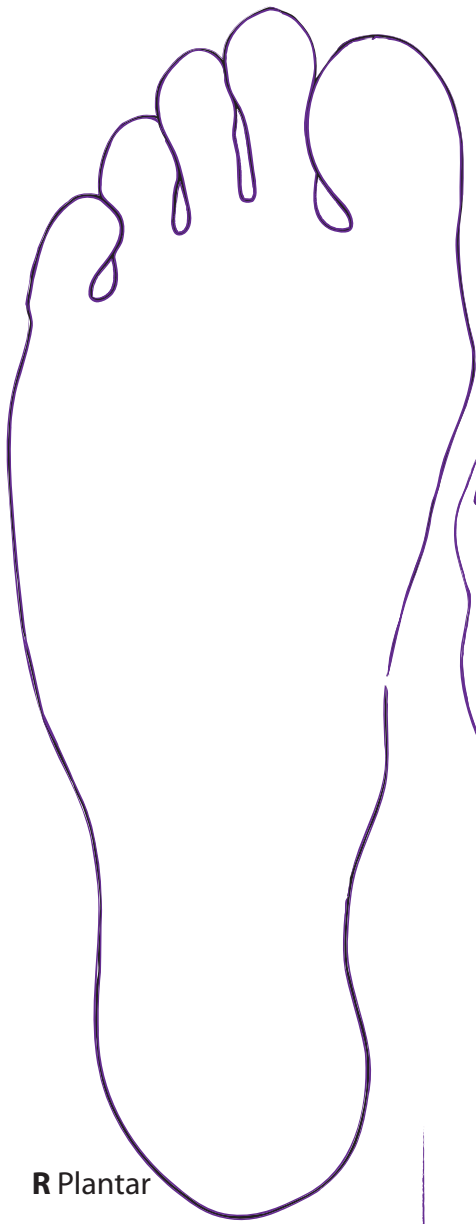


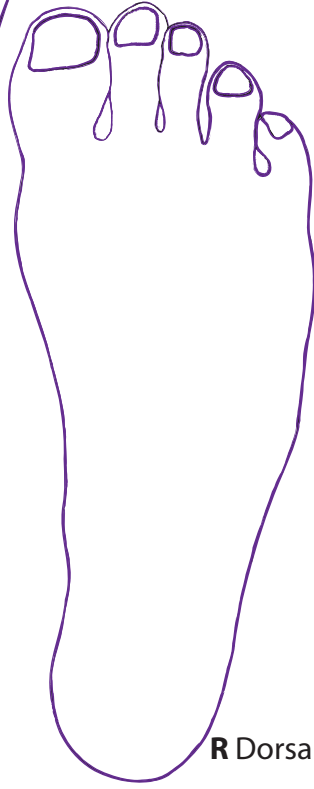
Clients Name: _____

Contact: _____

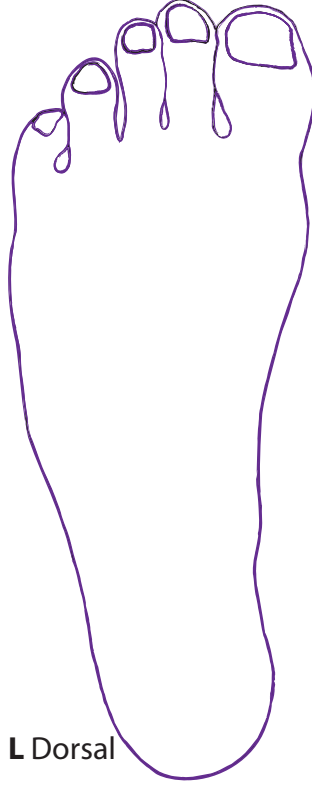
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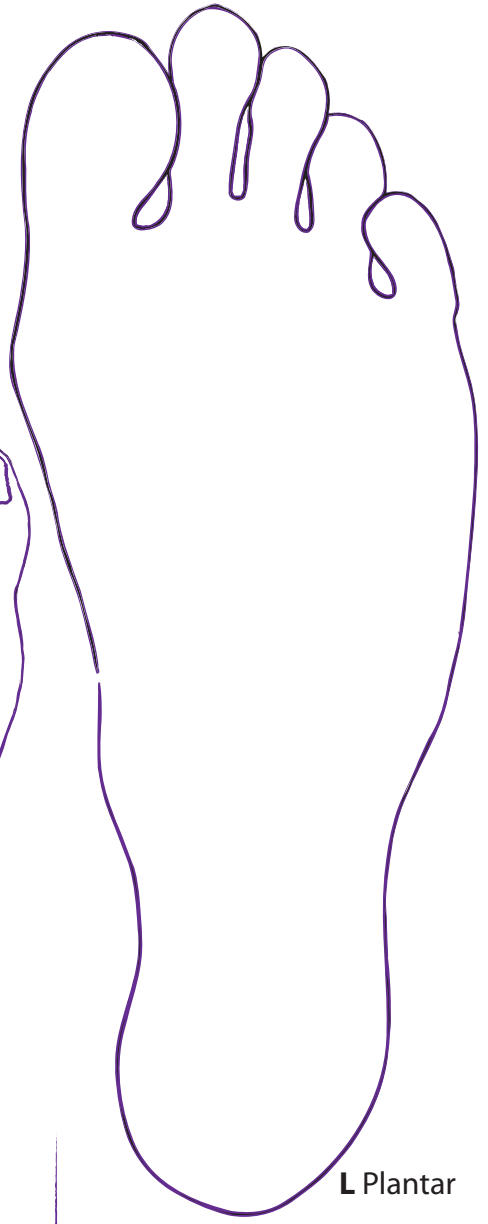
R Plantar



R Dorsal



L Dorsal



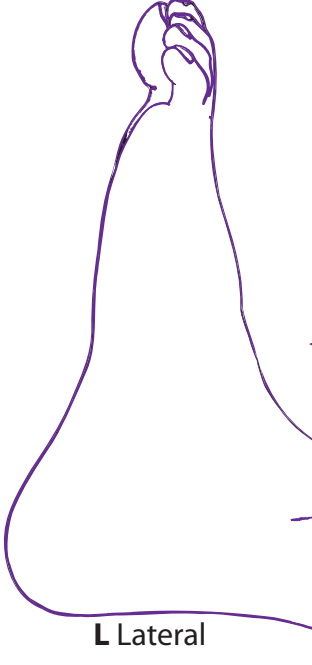
L Plantar



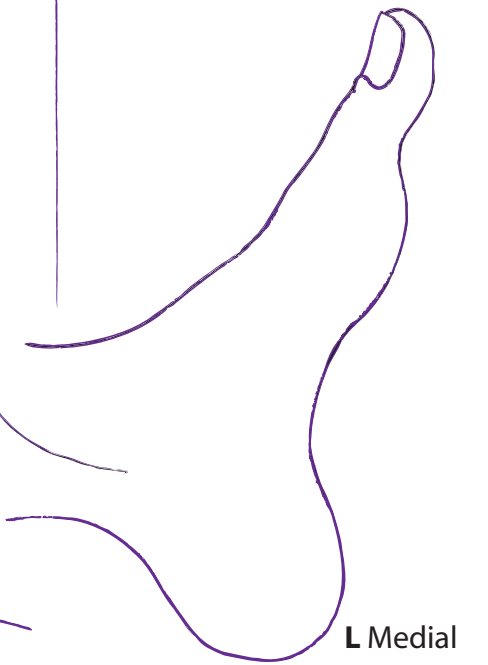
R Medial



R Lateral



L Lateral



L Medial