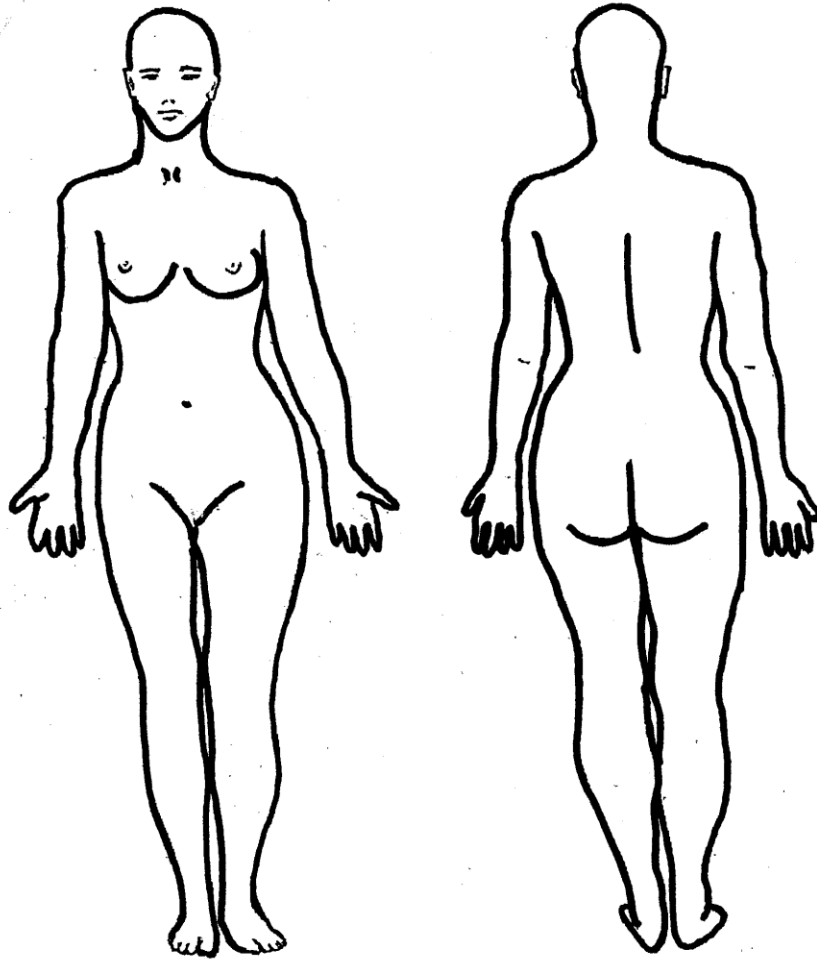


Full Body: Female-Anterior and Posterior Views



Name _____ Case No. _____

Date _____