HEINE Bodymap
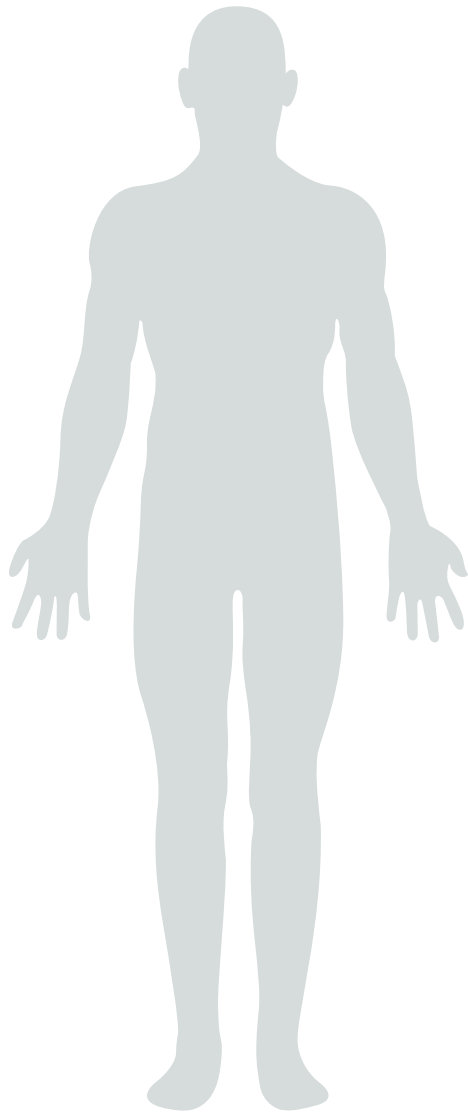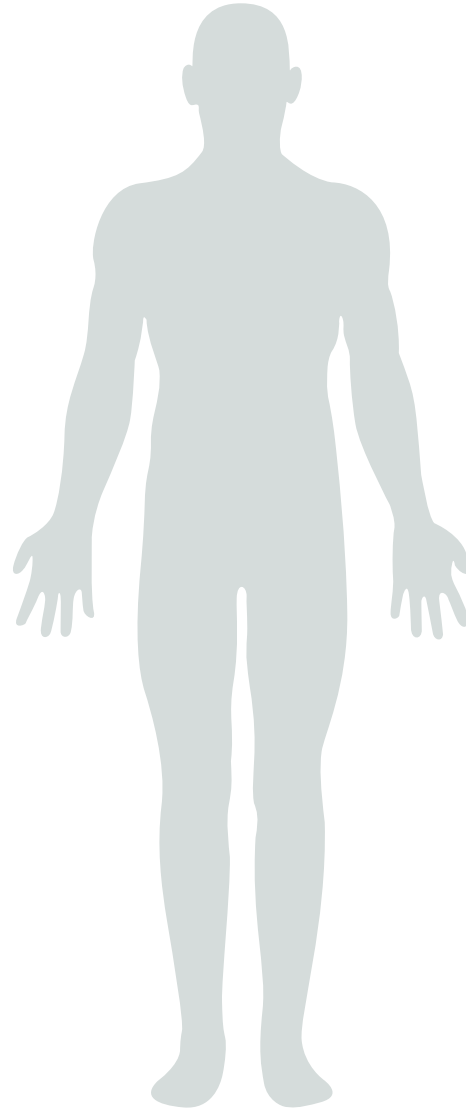
date recorded: _____

name of patient: _____

date of birth: _____

patient ID: _____

gender of patient: ☐ male   ☐ female

signature: _____

observation: _____

_____

_____

_____

front

back

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