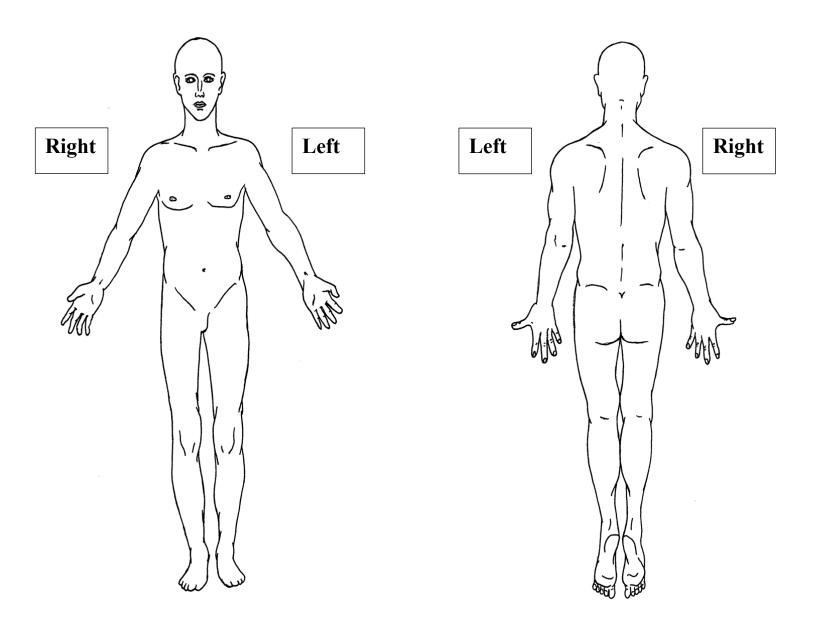


MARK ANY LOCATIONS WHERE YOU HAVE SCARS INCLUDING EPISIOTOMY, PIERCINGS, TATTOOS, ETC

Name:_____ Date:_____



Notes: