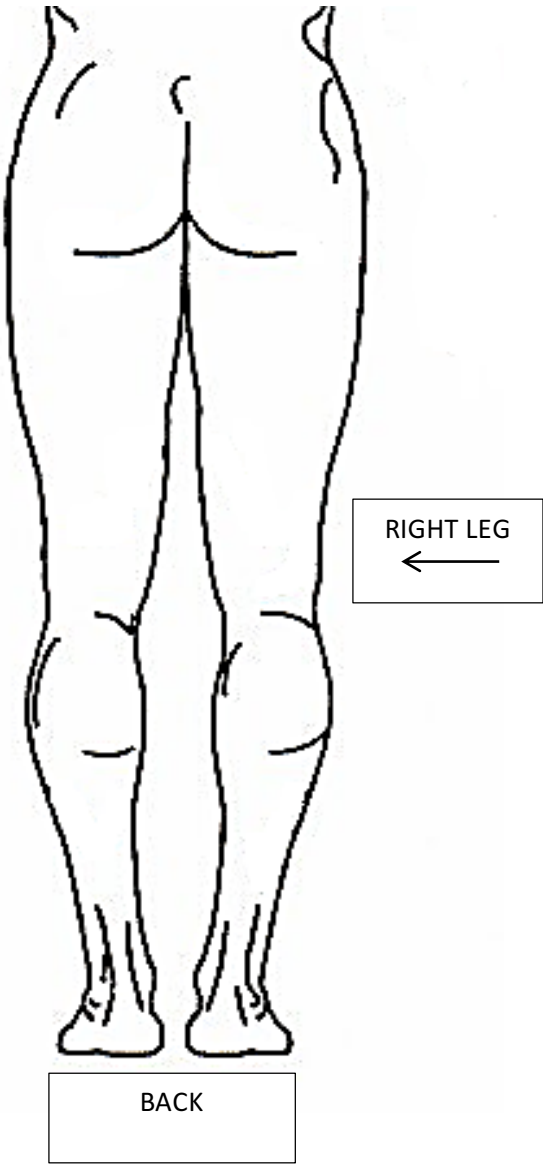
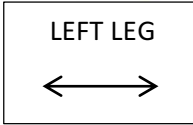
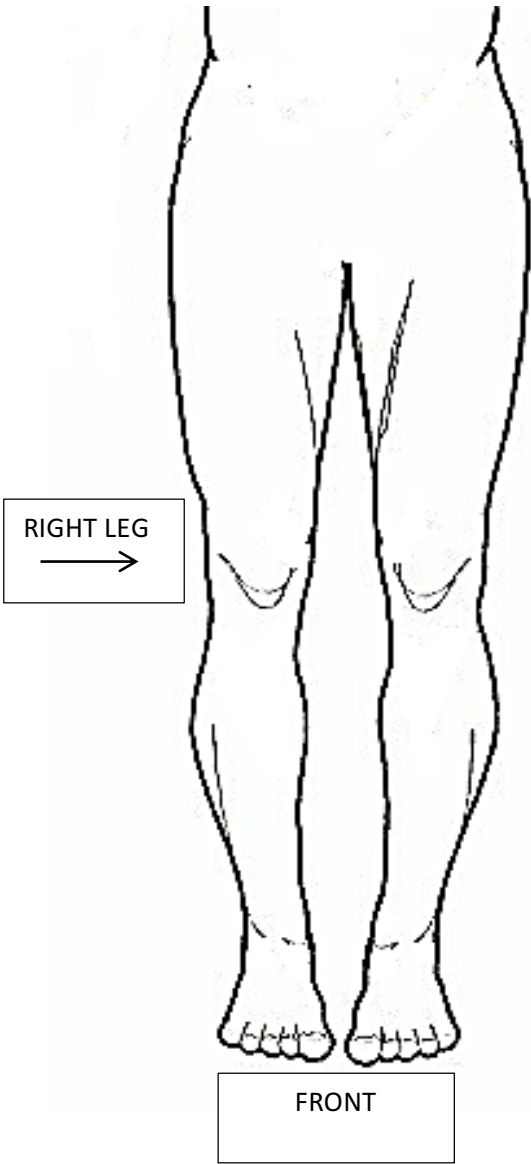


LEG DIAGRAM



Place **N's** in areas of **NUMBNESS**, **T's** in areas of **TINGLING**, **B's** in areas of **BURNING**.

Color/shade in areas of **PAIN**

_____	_____
PATIENT NAME	MRN
_____	_____
SIGNATURE	DATE