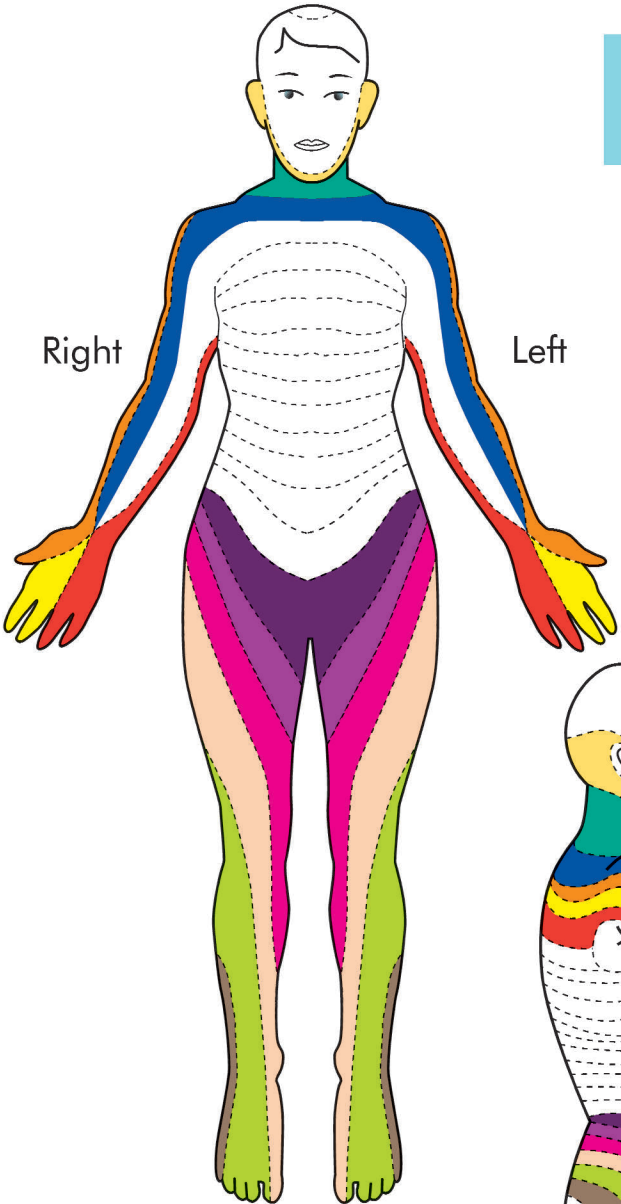
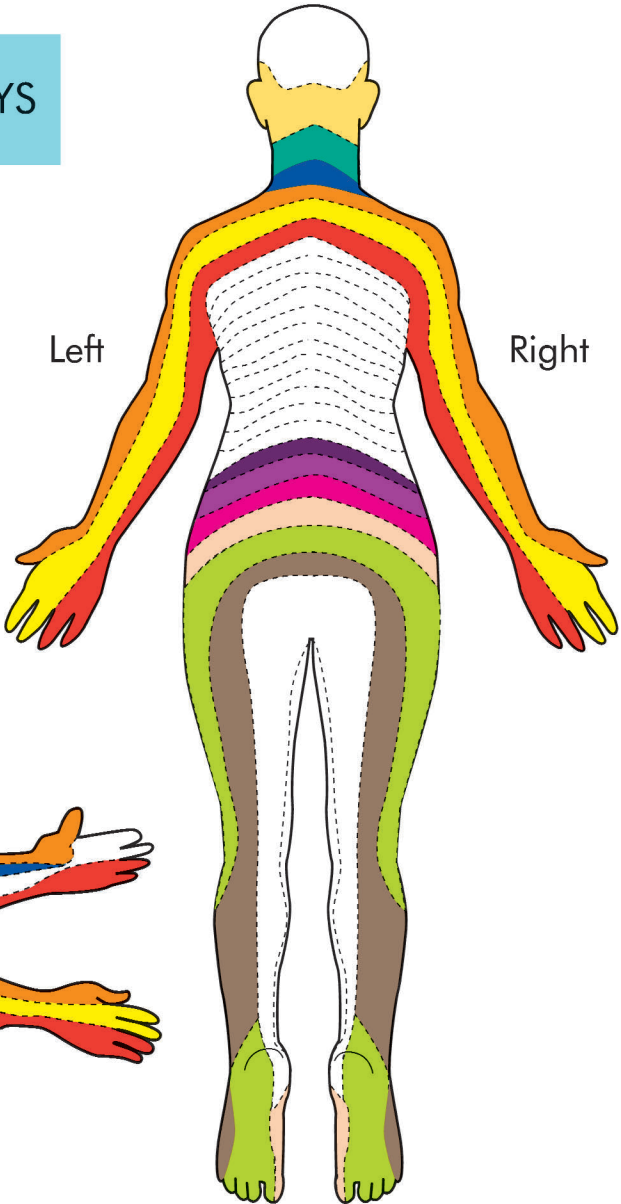


NERVE PATHWAYS



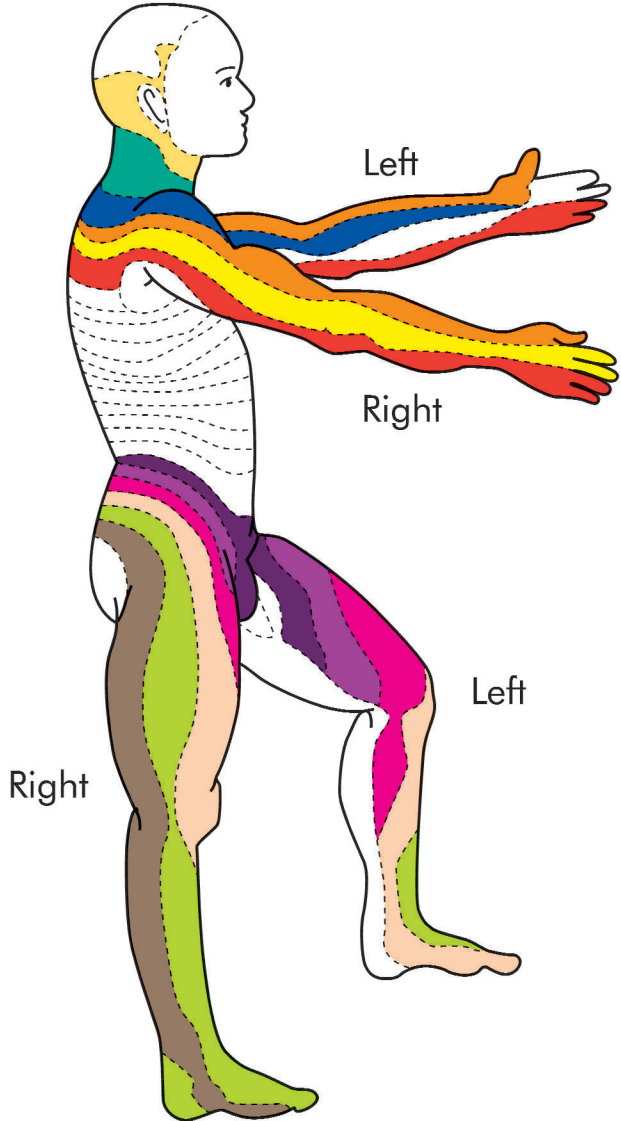
Right

Left



Left

Right



Left

Right

Right

Left

KEY

Pain	xxx
Burning	ooo
Pins/Needles	+++
Numbness	---

Patient Signature: _____

Date: _____