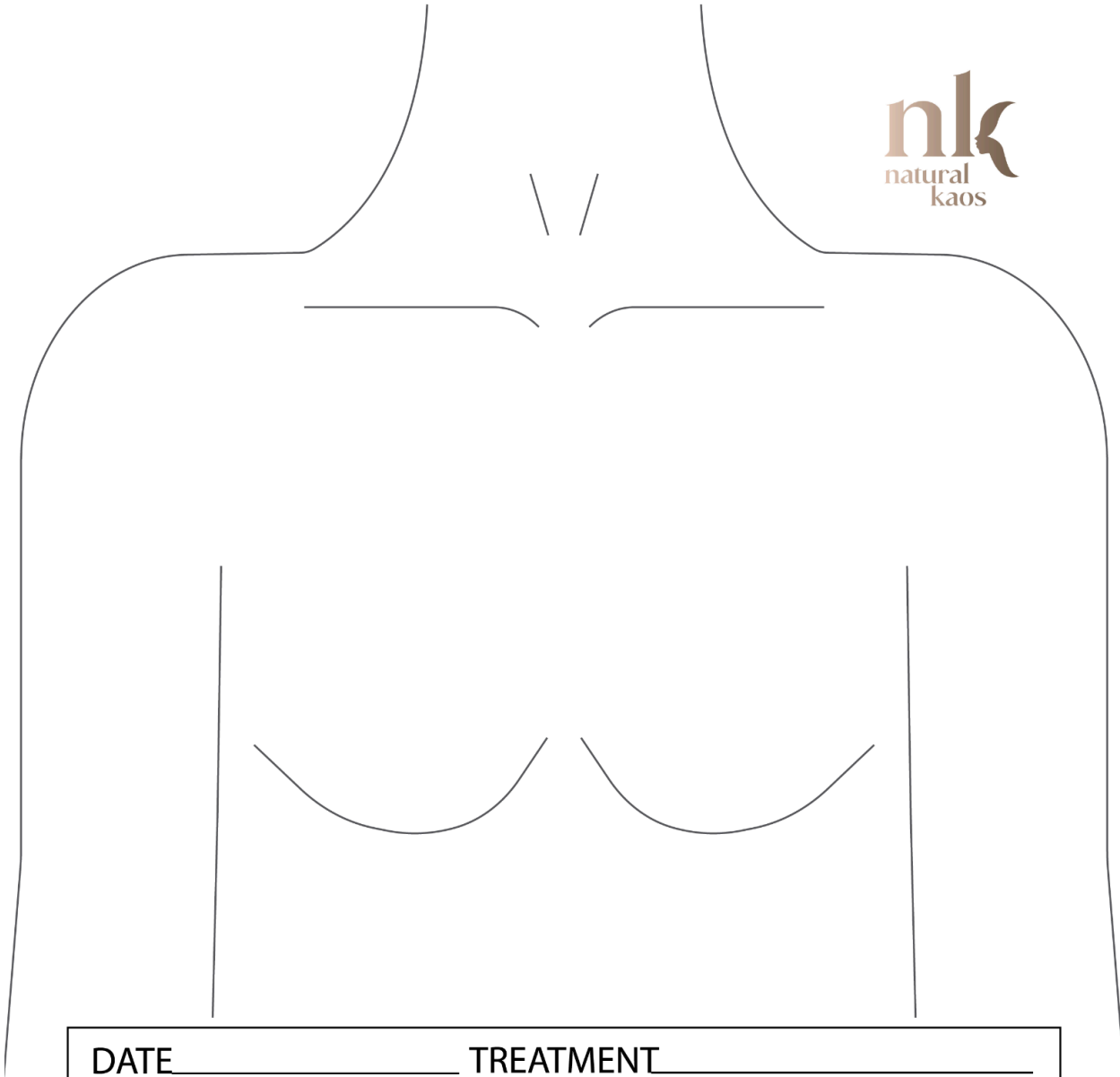


CHEST PROCEDURE MAPPING FOR DOCUMENTING



DATE_____	TREATMENT_____