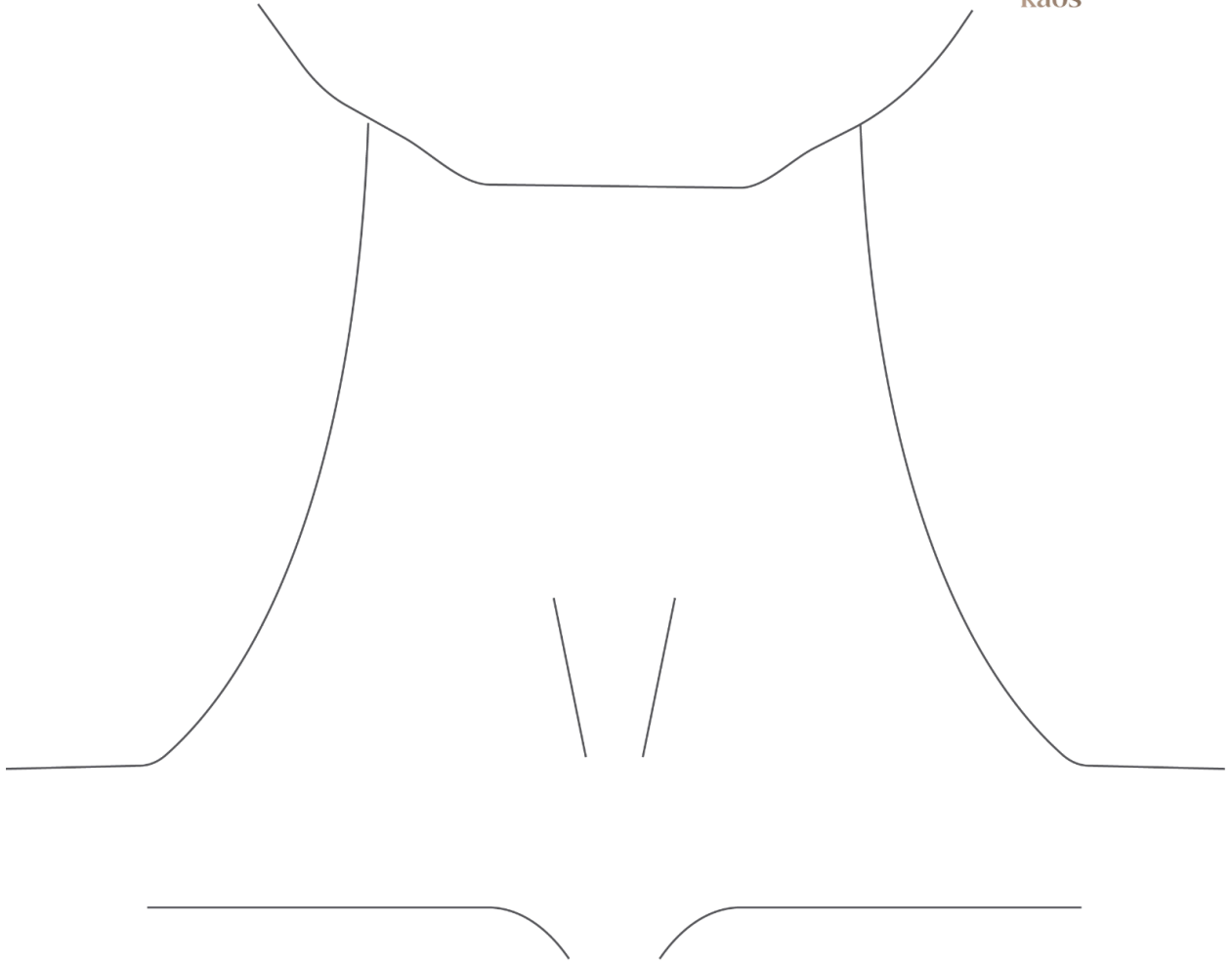


NECK PROCEDURE MAPPING FOR DOCUMENTING



DATE _____	TREATMENT _____