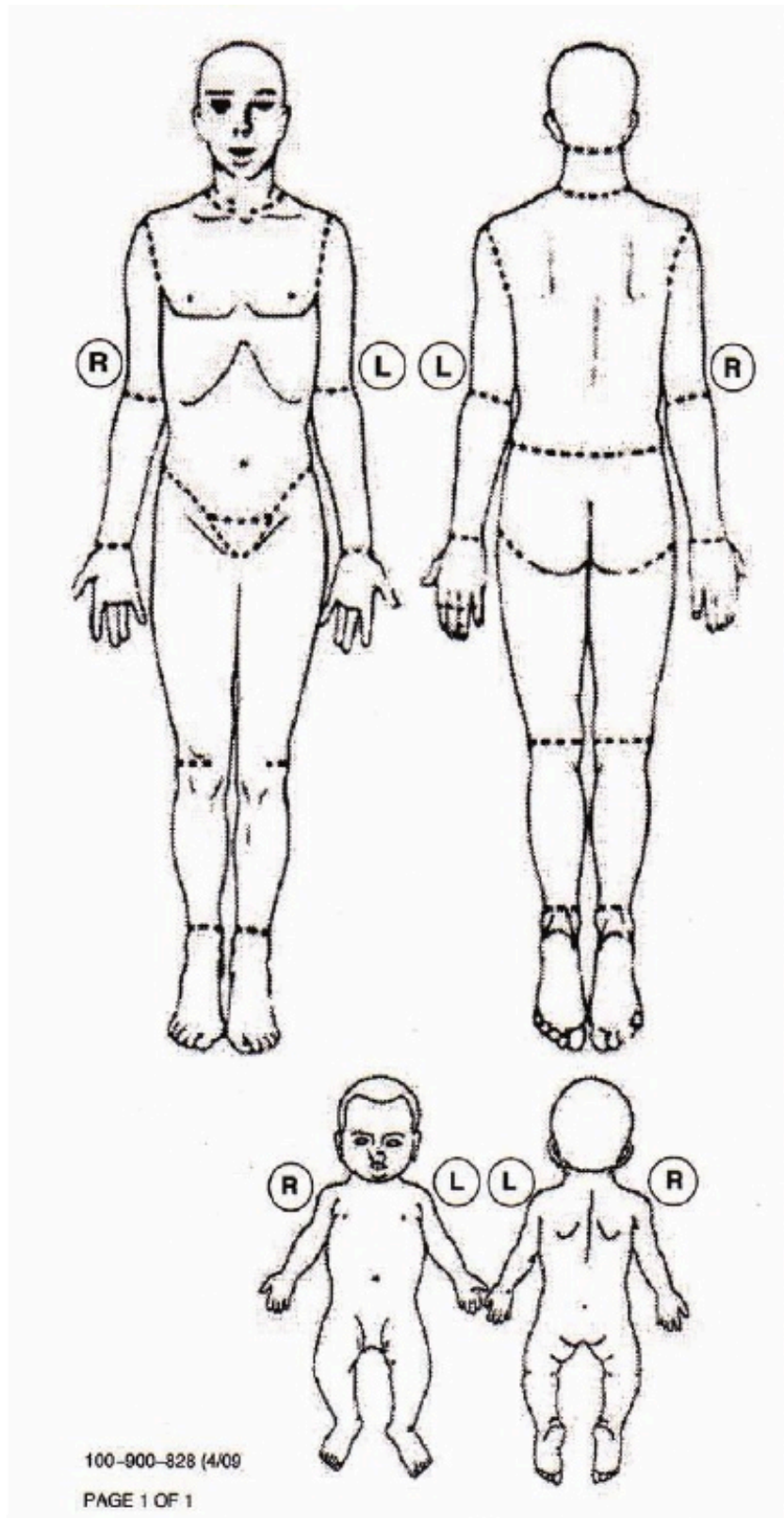
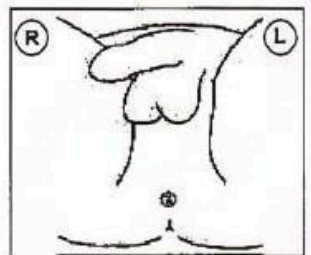
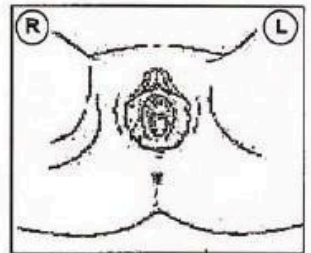
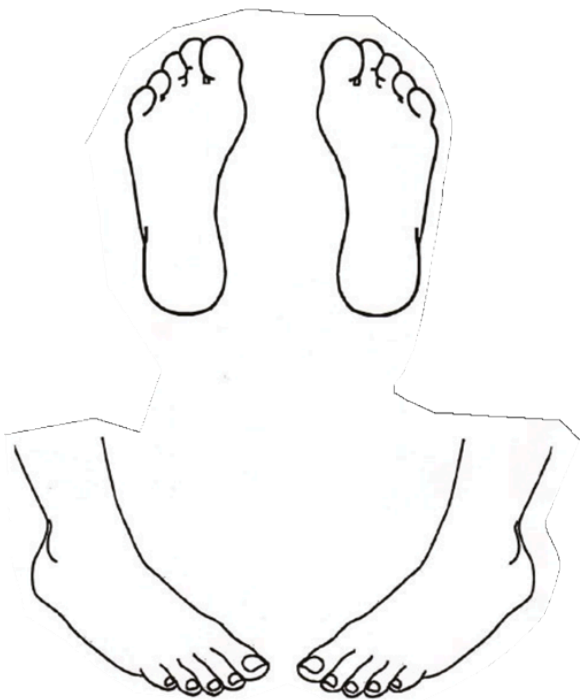
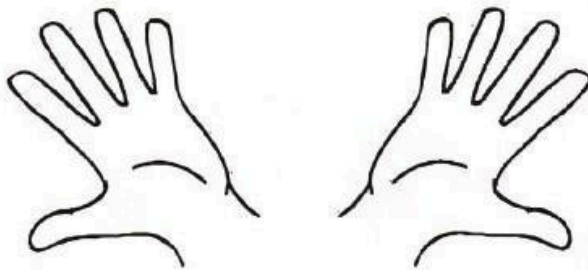
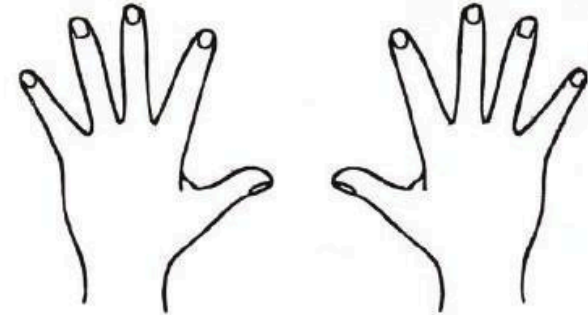
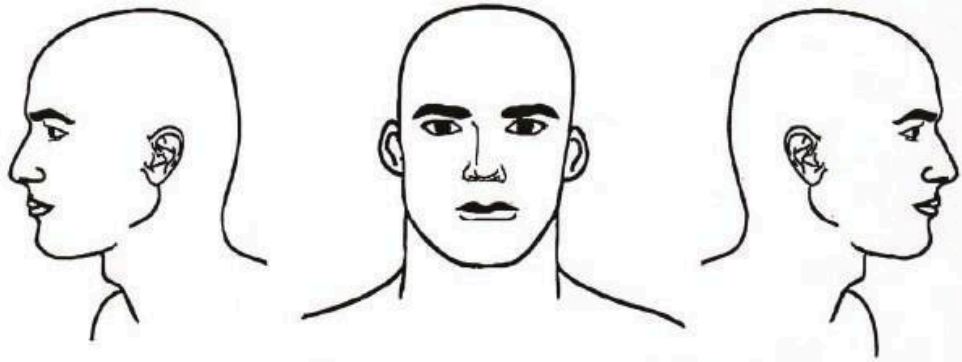


**BODY DIAGRAM FOR SITE MARKING**

Affix Patient Identification  
Label

Date: \_\_\_\_\_





Site Marking Done By: Doctor Name: \_\_\_\_\_

Signature: \_\_\_\_\_