HEAD DIAGRAM
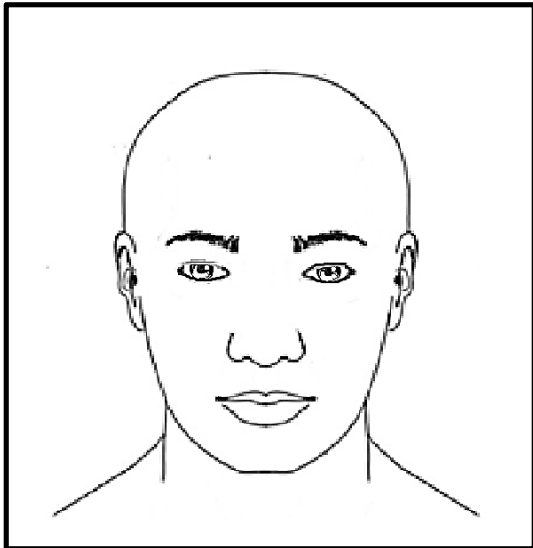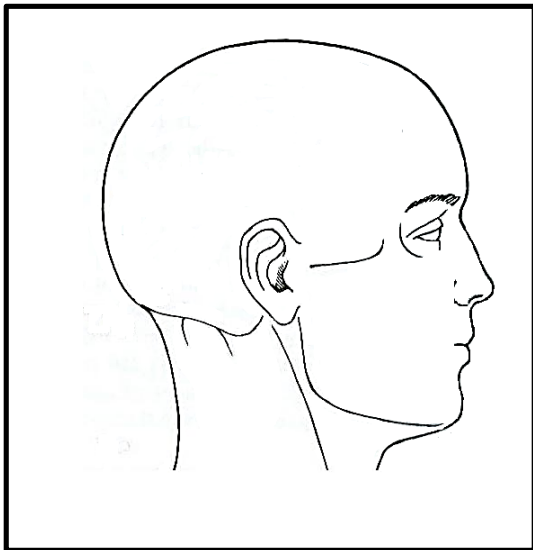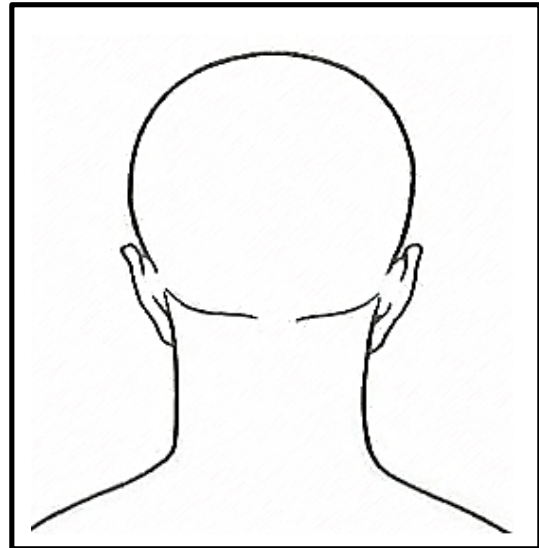
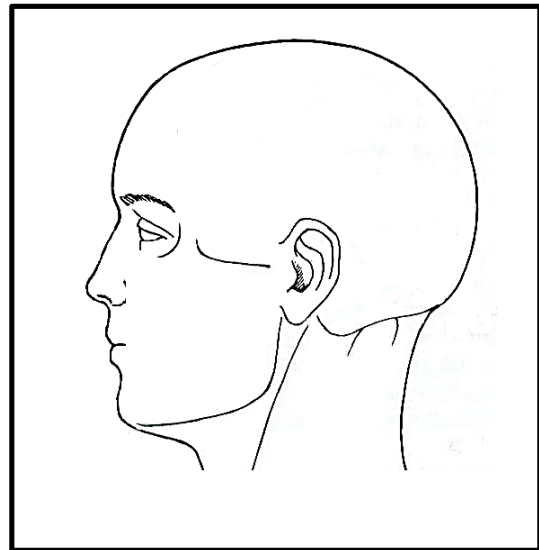RIGHT   LEFT   LEFT   RIGH

RIGHT   LEFT

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