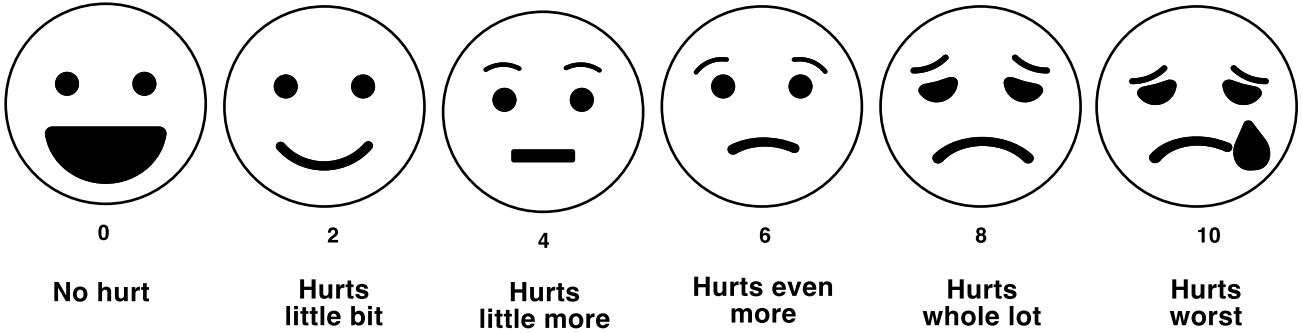


Faces Pain Scale Assessment Template

Name:	Date of birth:
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Pain level	Date/Time	Medication	Notes