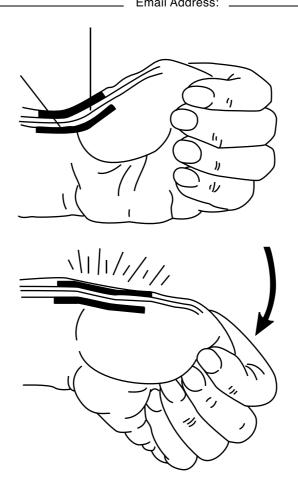
Finkelstein Test

Client Information		
Name:		Date of birth:
Gender:	Date of Consultation:	
Address:		
Disc. No. 1	For all Address as	



Description of the patient's condition

Severity of Pain:	
Recommendation:	
Notes	
Notes:	