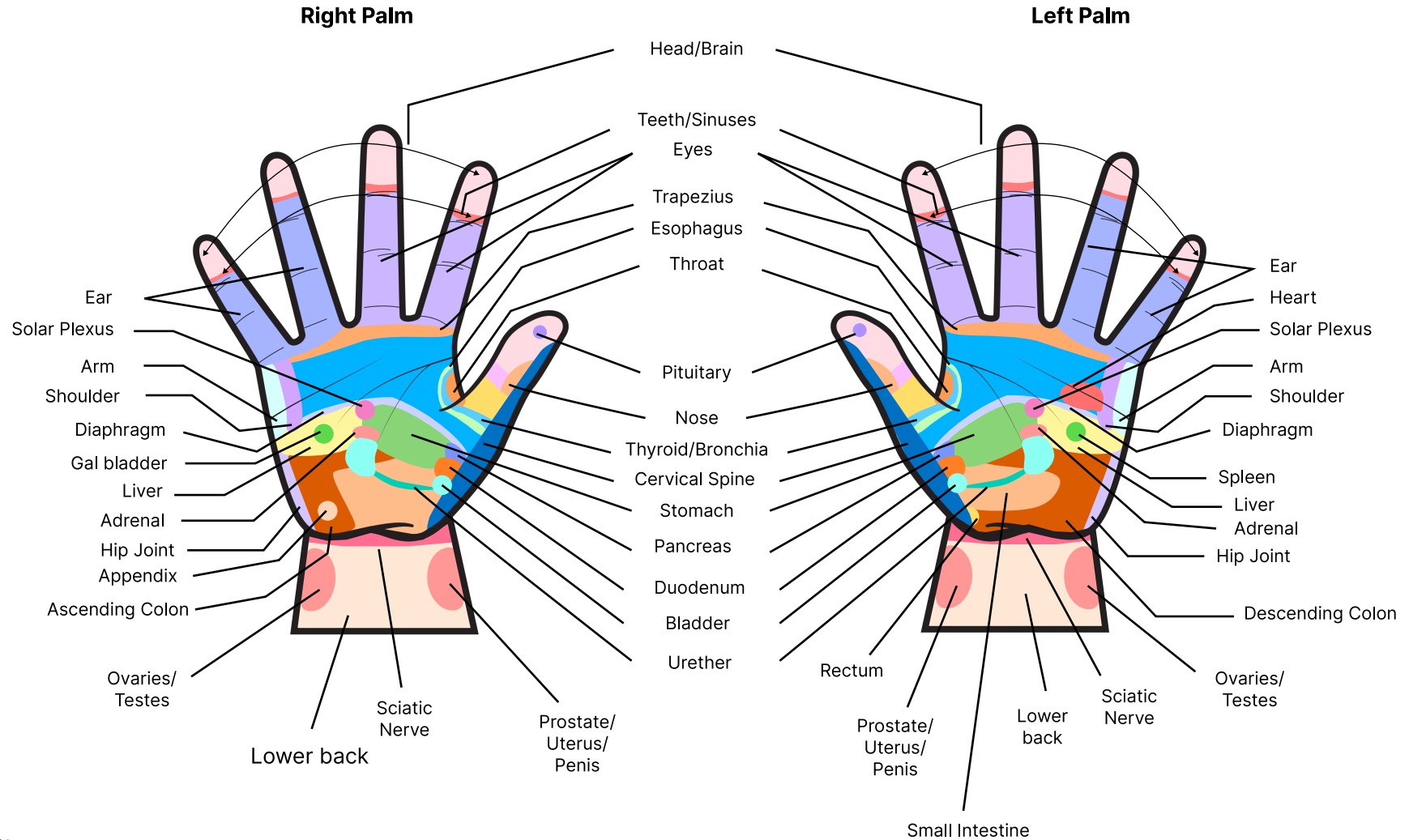


Hand Reflexology Chart

Date: _____ Patient Name: _____ Reflexologist Name: _____

Reason for appointment (if needed): _____



Additional Notes: