

Name:

DOB:

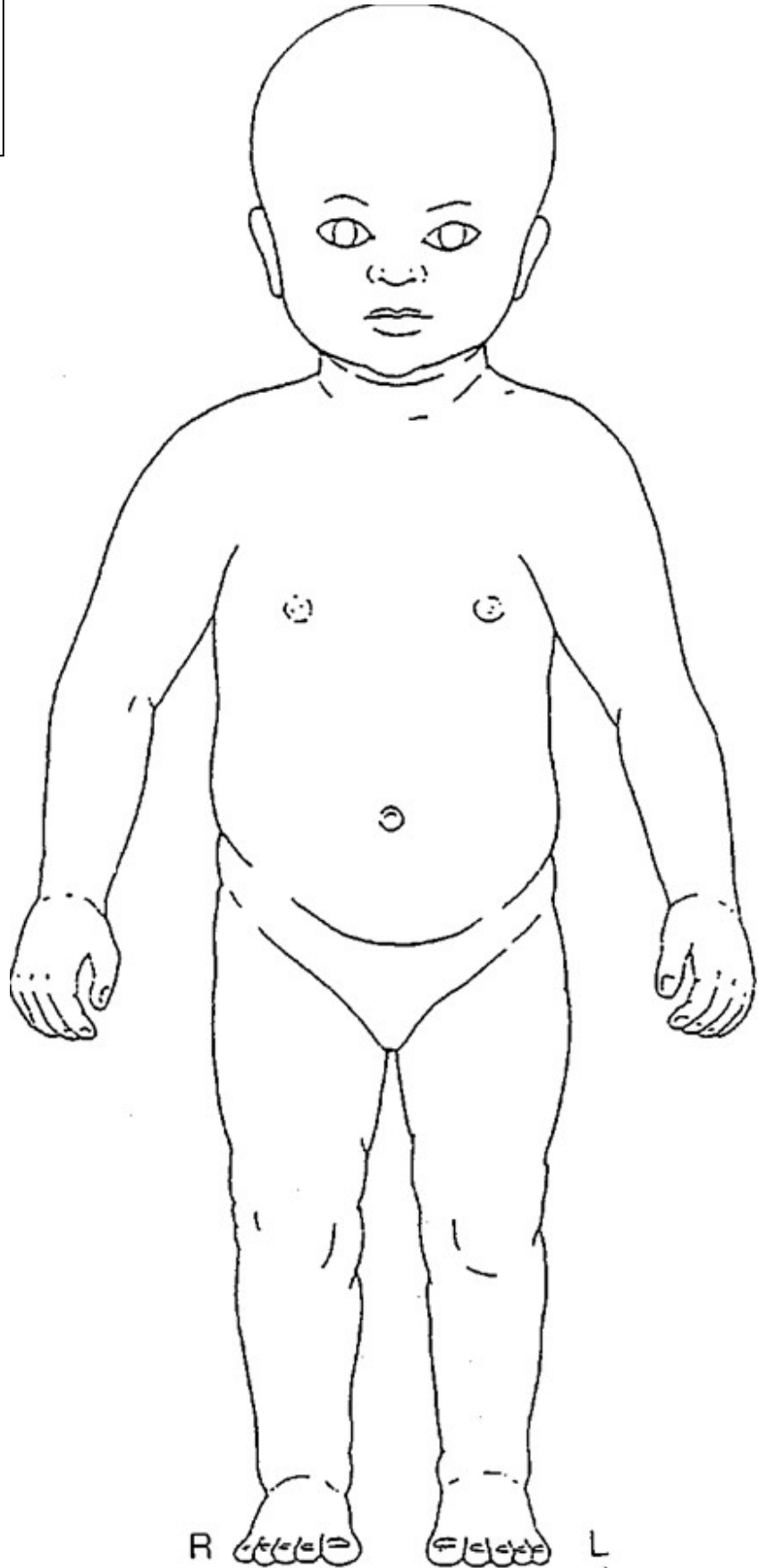
NHS No:

Record No:

Date of Examination:

Examiner Name:

Signature:



Name:

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Signature:

