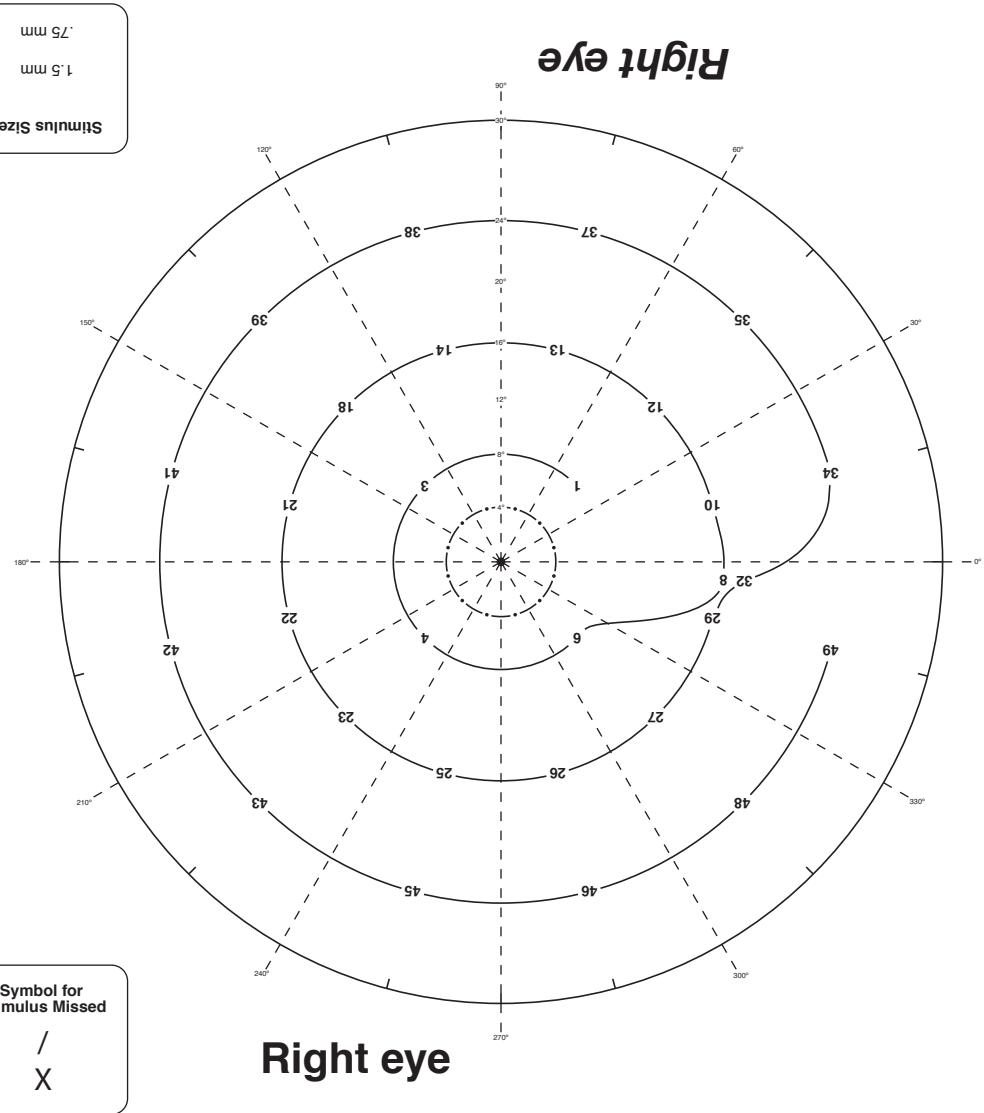
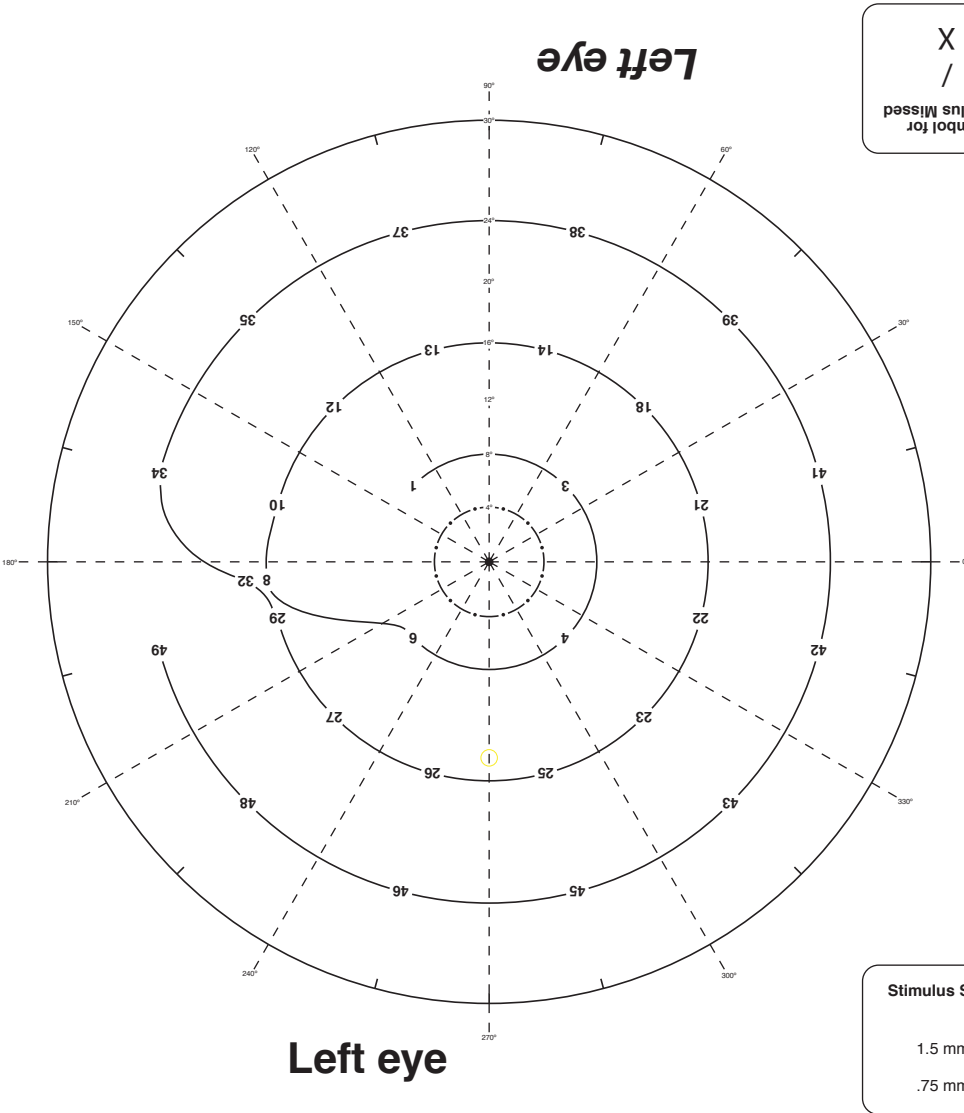


Test Date ____/____/____
 Name _____
 DOB ____/____/____
 Therapist _____

*This way up to record results.
 Invert to interpret results.*



**This way up to interpret results.
 Invert to record results**



Developed by Dr. Bertil Damato
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 Patent Pending

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