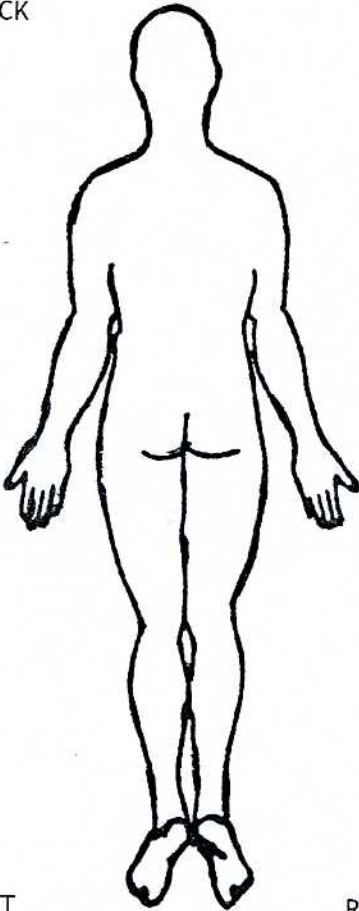


SCAR TISSUE DIAGRAM

NAME: _____

DATE: _____

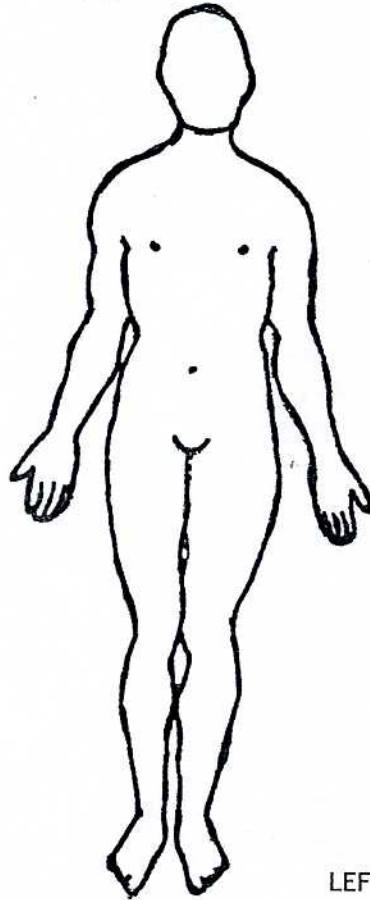
BACK



LEFT

RIGHT

FRONT



RIGHT

LEFT