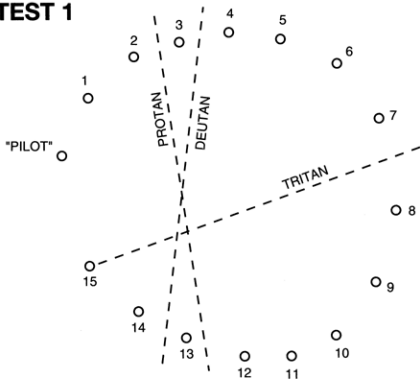


# THE PANEL 16 RECORDING FORM

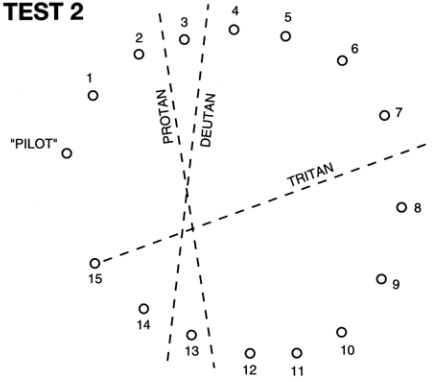
PATIENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

CASE HISTORY NO. \_\_\_\_\_ DATE \_\_\_\_\_

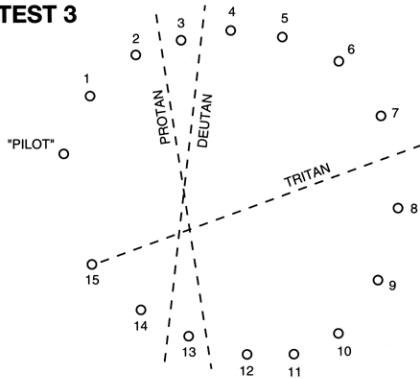
## TEST 1



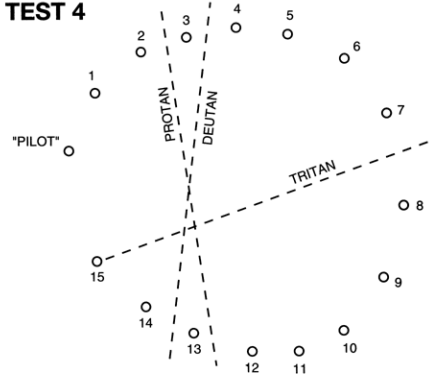
## TEST 2



## TEST 3



## TEST 4



CONCLUSIONS AND RECOMMENDATIONS: