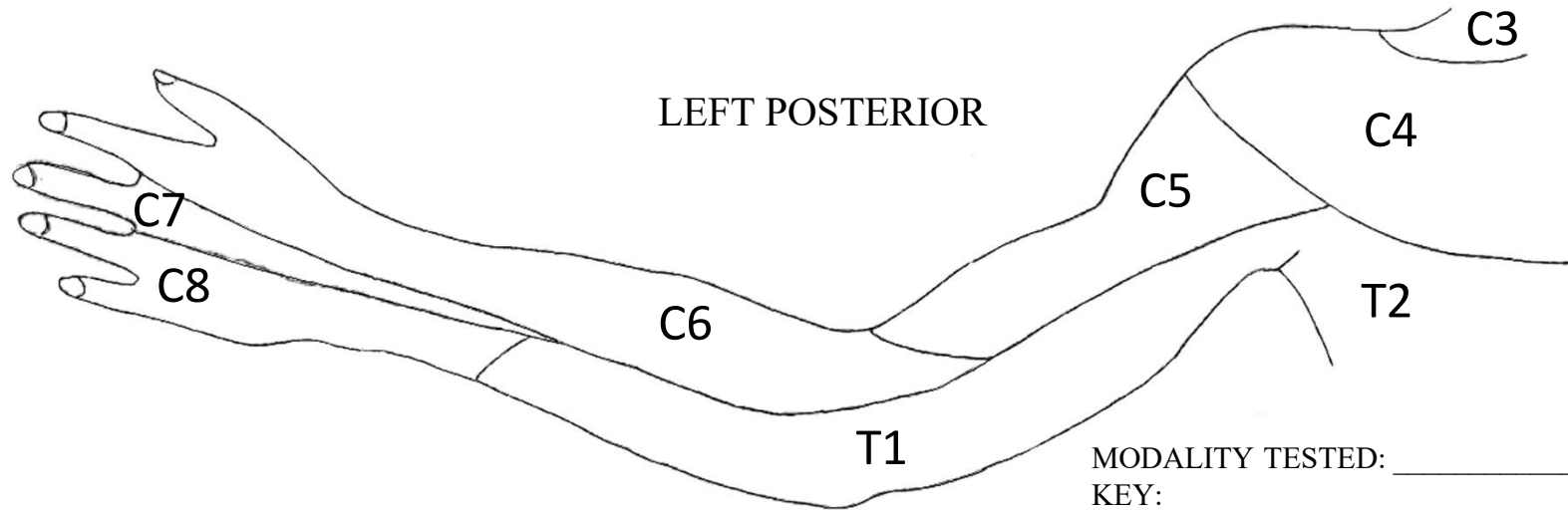


PACIFIC NORTHWEST UNIVERSITY OF HEALTH SCIENCES
SENSORY EVALUATION WITH DERMATOMAL DISTRIBUTION

DATE: _____

CLIENT: _____

EVALUATOR'S INITIALS: _____



MODALITY TESTED: _____

KEY:

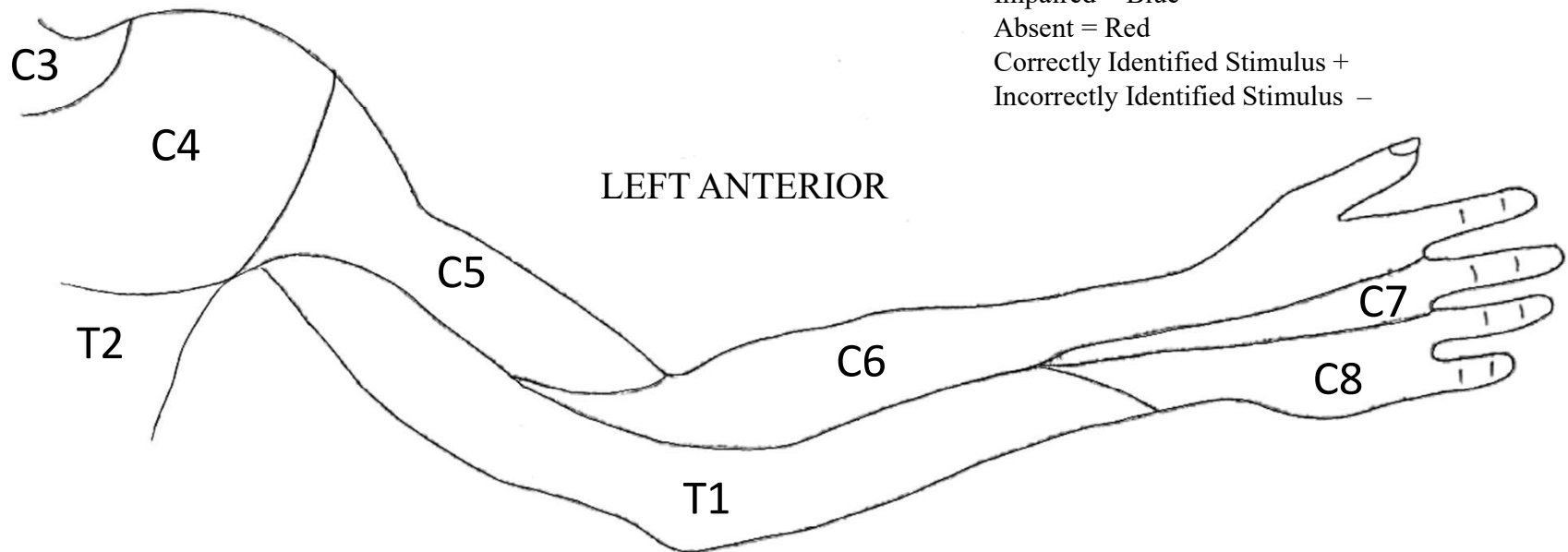
Intact = Black

Impaired = Blue

Absent = Red

Correctly Identified Stimulus +

Incorrectly Identified Stimulus -

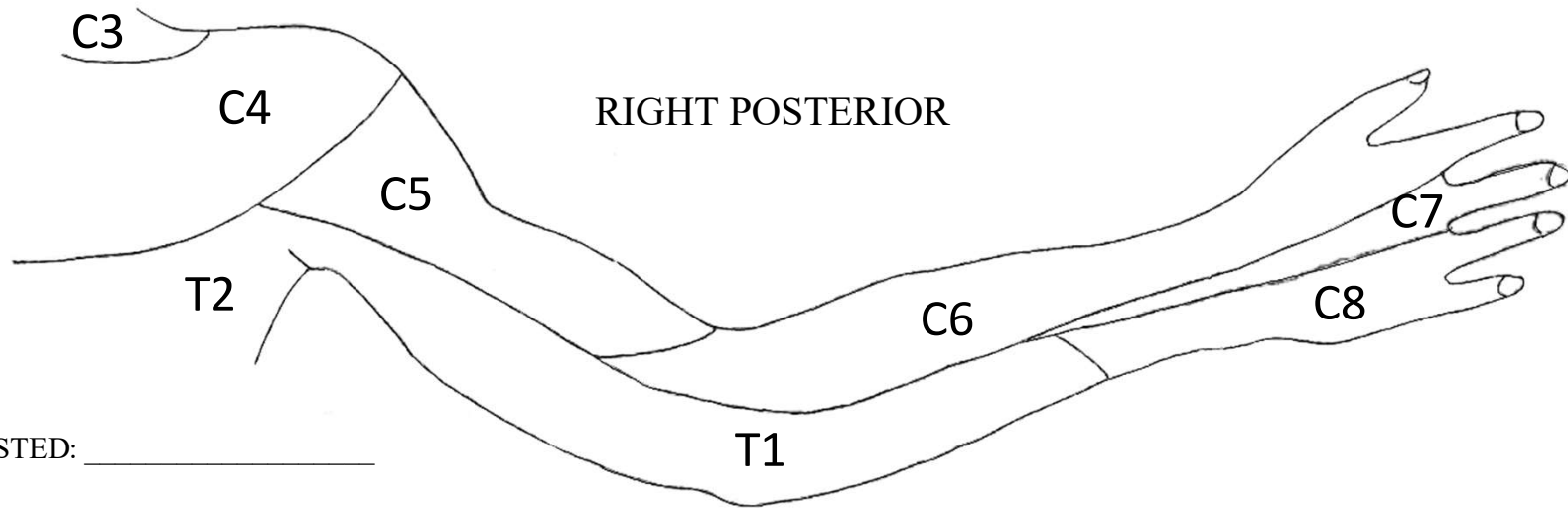


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