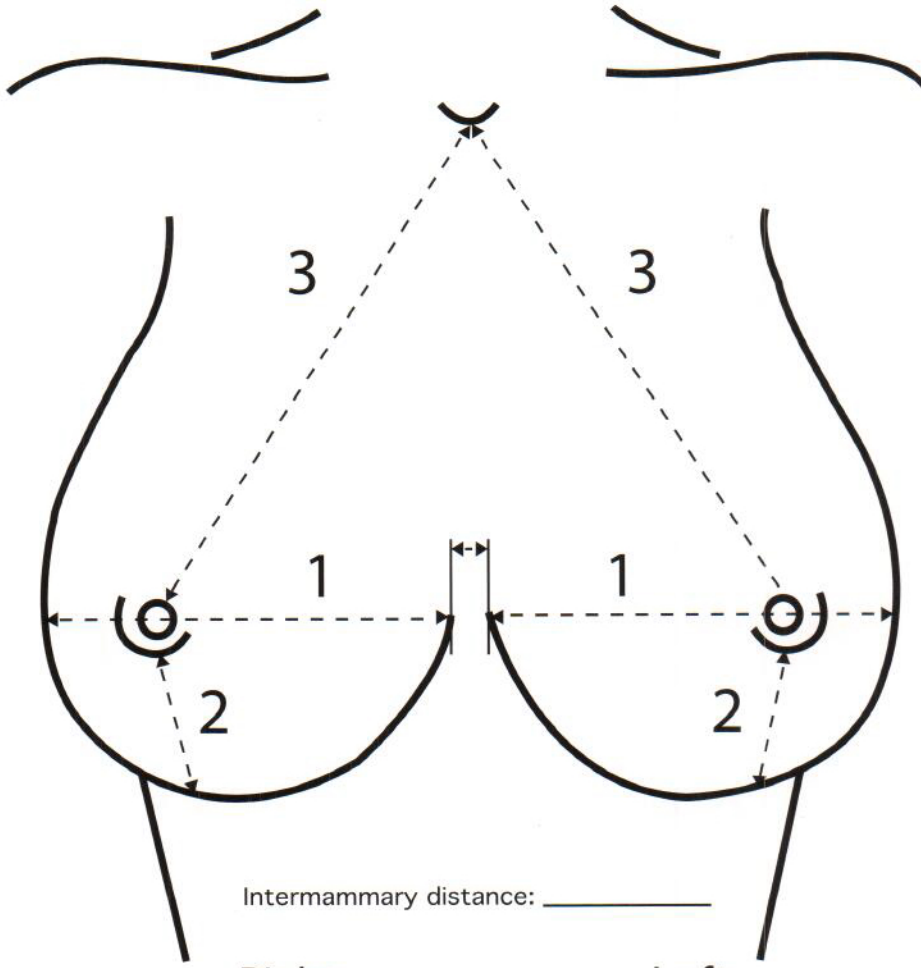


Patient's Name: _____ Date: _____

Evaluation of the skin quality: _____



Right

Left

	actual	desired
1	_____	_____
2	_____	_____
3	_____	_____
Parenchyma thickness		

	actual	desired
1	_____	_____
2	_____	_____
3	_____	_____
Parenchyma thickness		

REF : _____

REF : _____