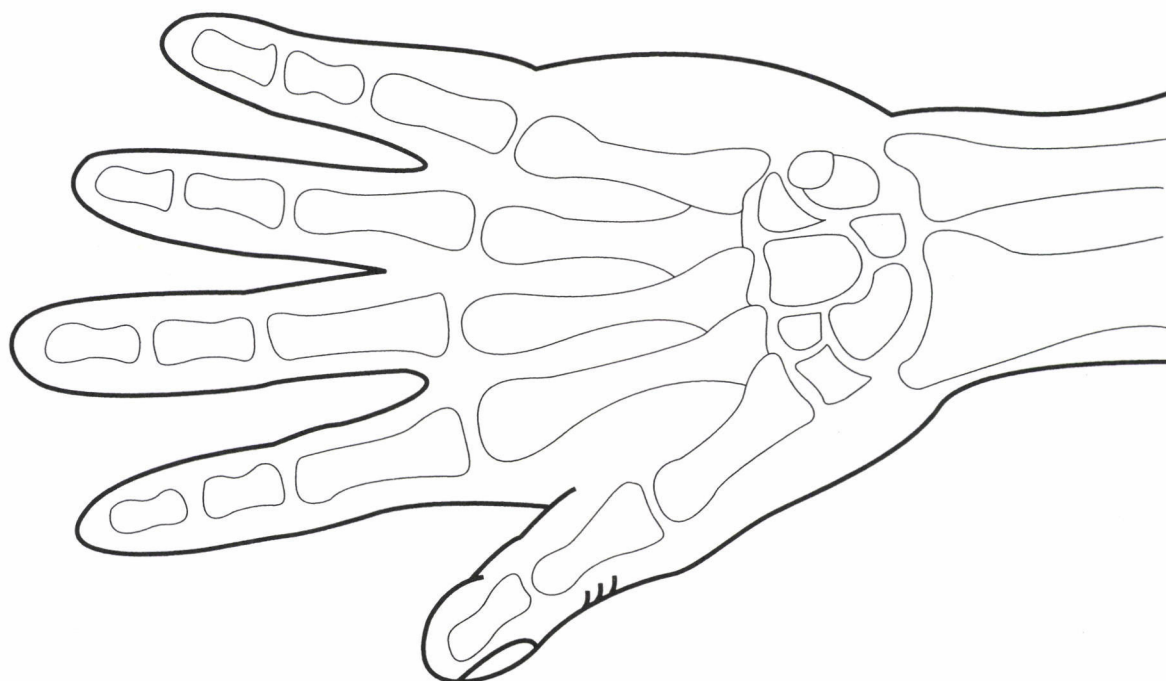
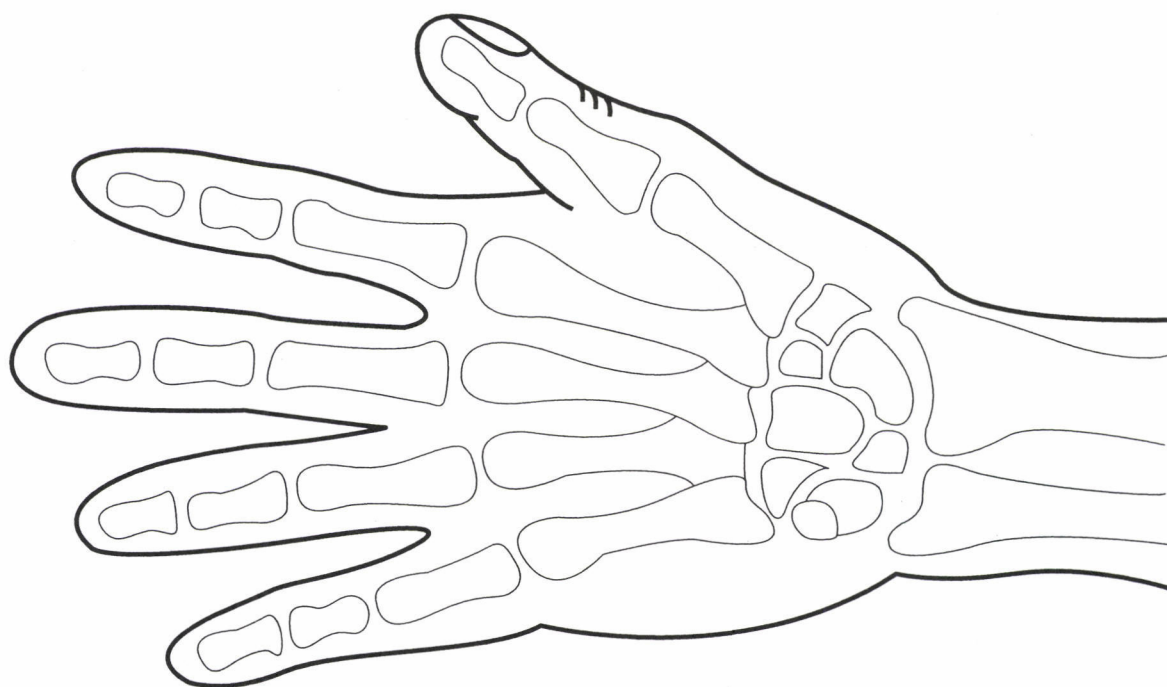
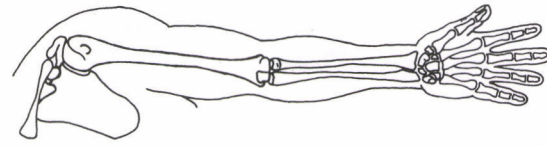
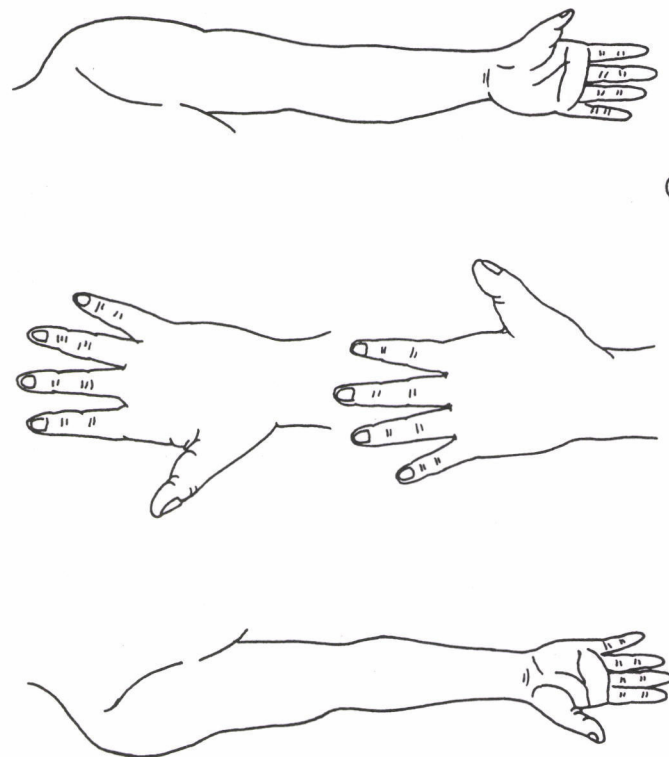


共通書式12 手の図

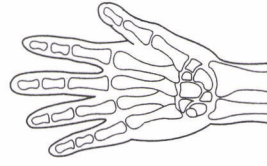
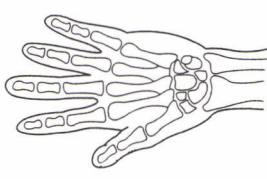
カルテ No. (ID)	氏名	男・女	年齢	利き手	右・左	患側	右・左・両側
			歳				
診断名							
検査日	年	月	日	検者名	(医師・OT・PT)		



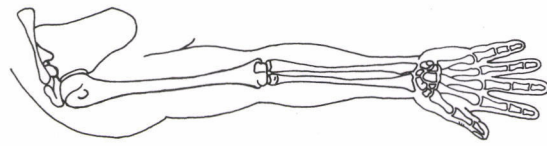
カルテ No. (ID)	氏名
--------------	----



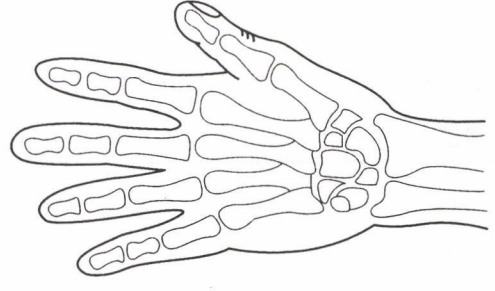
右



左



右



左

