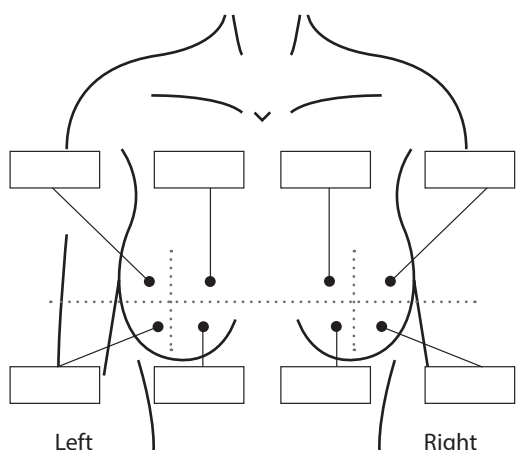
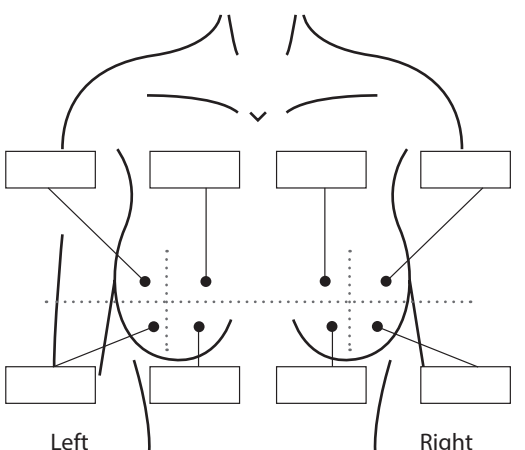
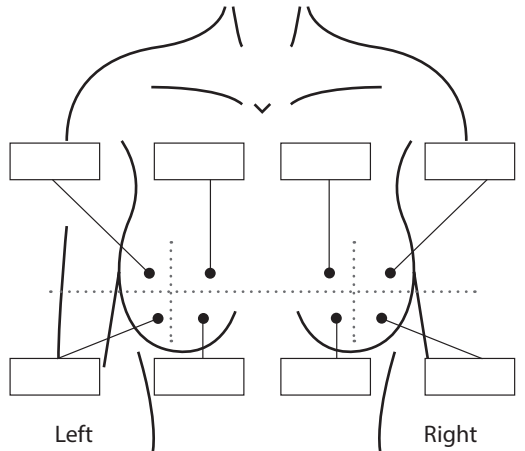
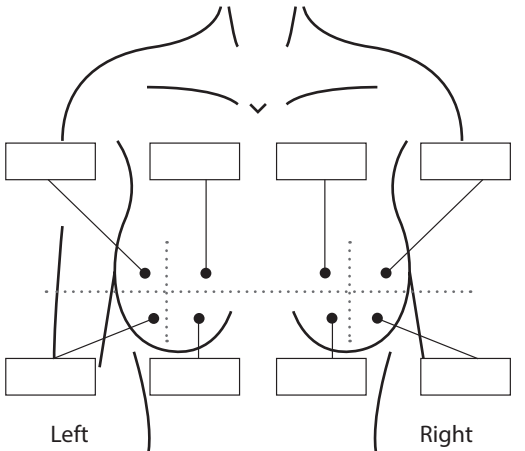
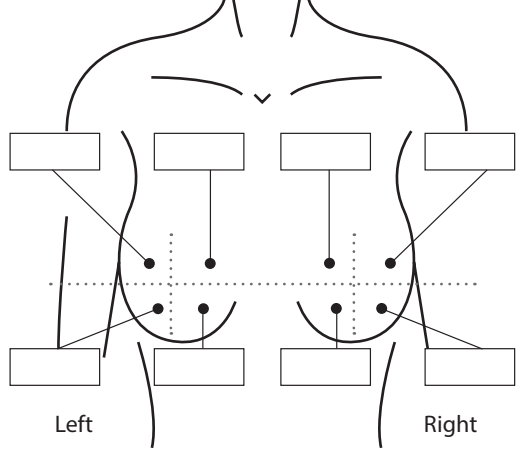
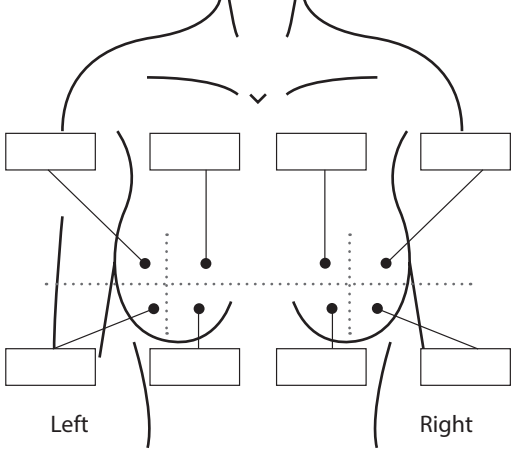


# Measurement form LymphScanner: Breast

## Meetformulier LymphScanner: Borst



Patient name / Patiëntnaam: .....

<p><b>Date / Datum:</b></p>  <p>Left Right</p>	<p><b>Date / Datum:</b></p>  <p>Left Right</p>
<p><b>Date / Datum:</b></p>  <p>Left Right</p>	<p><b>Date / Datum:</b></p>  <p>Left Right</p>
<p><b>Date / Datum:</b></p>  <p>Left Right</p>	<p><b>Date / Datum:</b></p>  <p>Left Right</p>