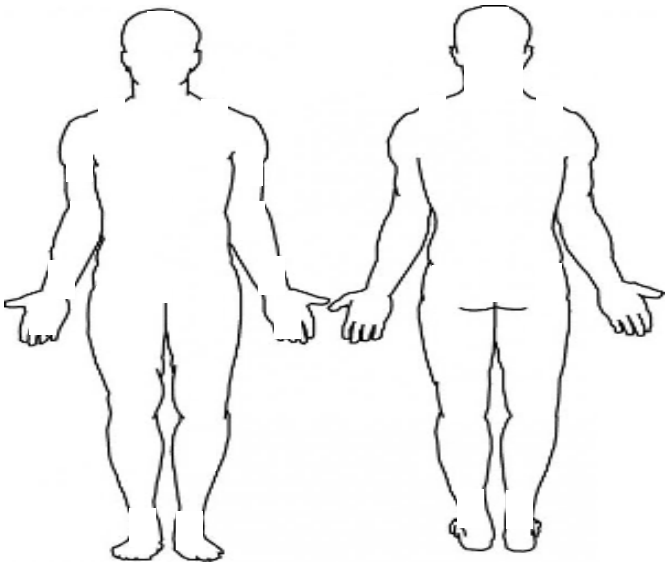




## Pain Management Follow Up

Please check where it hurts



Patient Signature: \_\_\_\_\_ Employee Initials: \_\_\_\_\_ Provider Initials: \_\_\_\_\_