

Patient's Name:
Examiner's Name:

MR#

Date:

TorCA Response Book

Patient Name: _____

ID: _____

DOB: _____

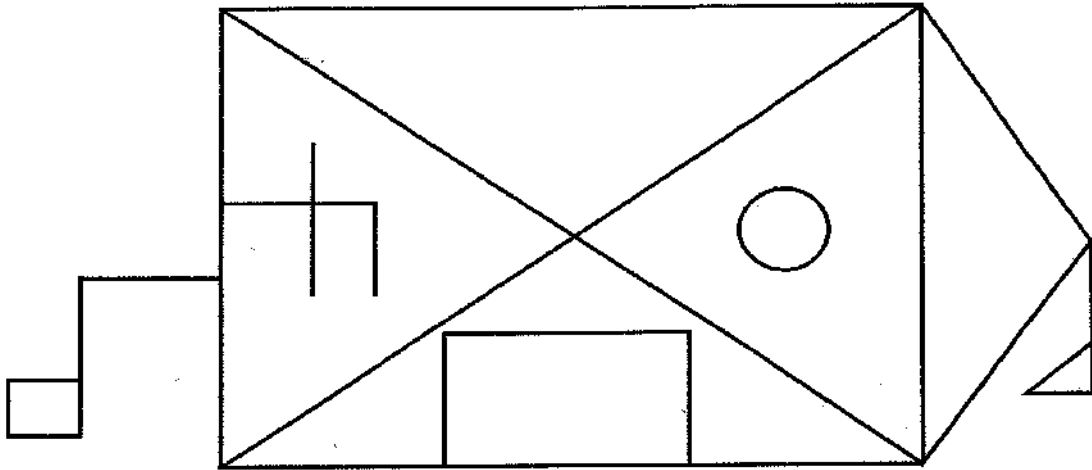
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Examiner: _____

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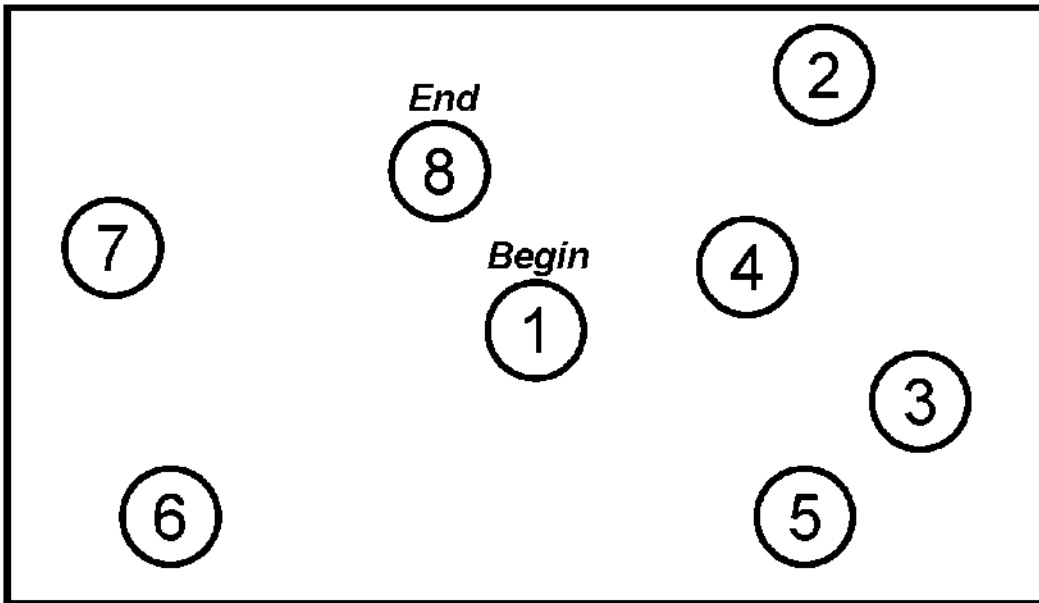
Date:

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SAMPLE



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End

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Begin

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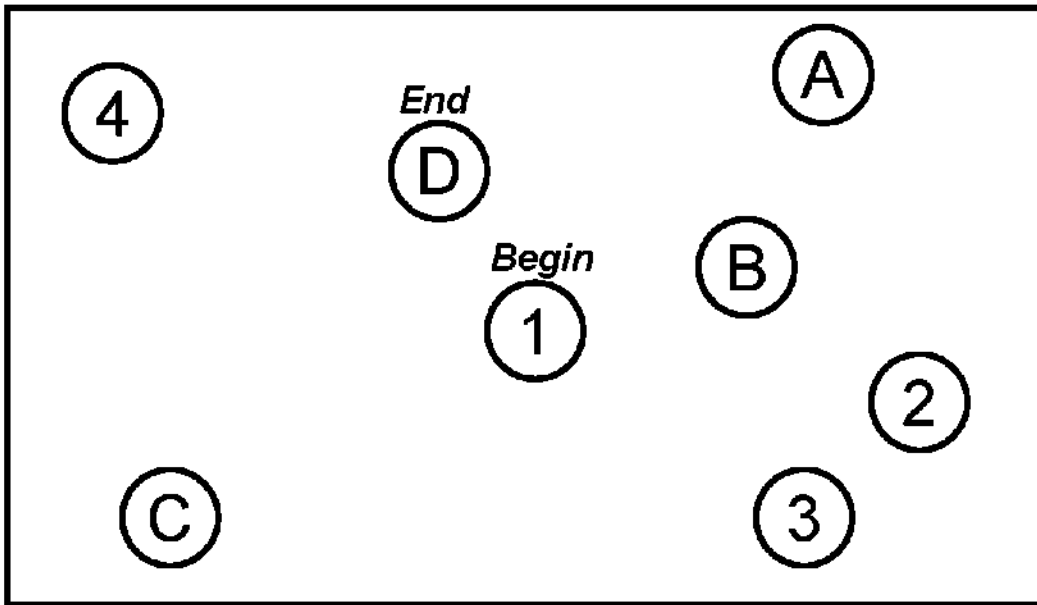
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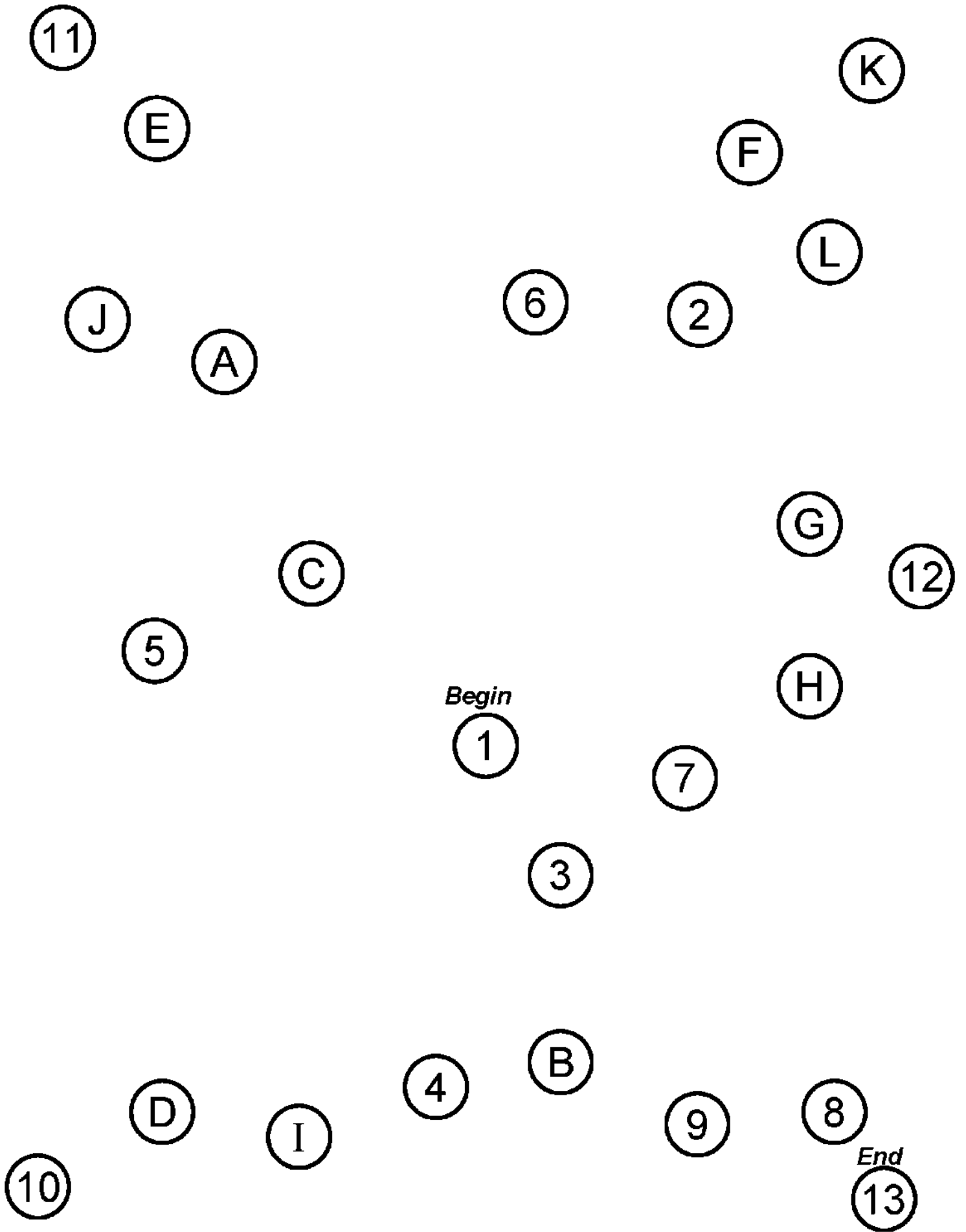
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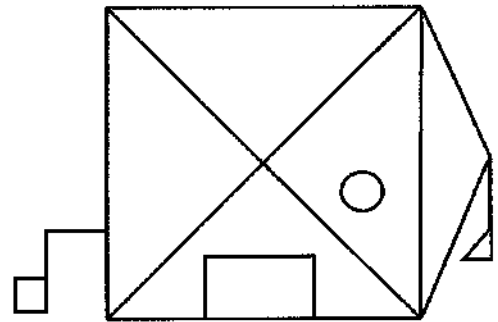
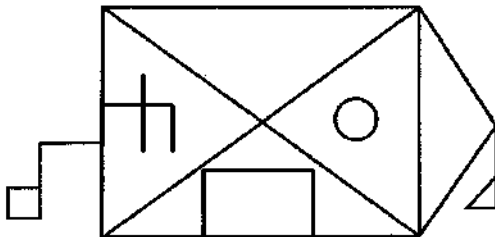
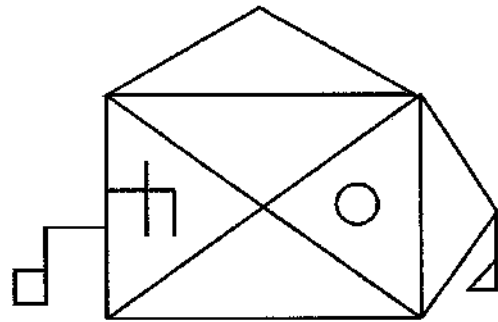
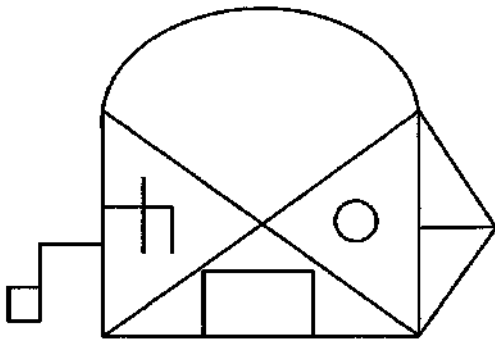
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