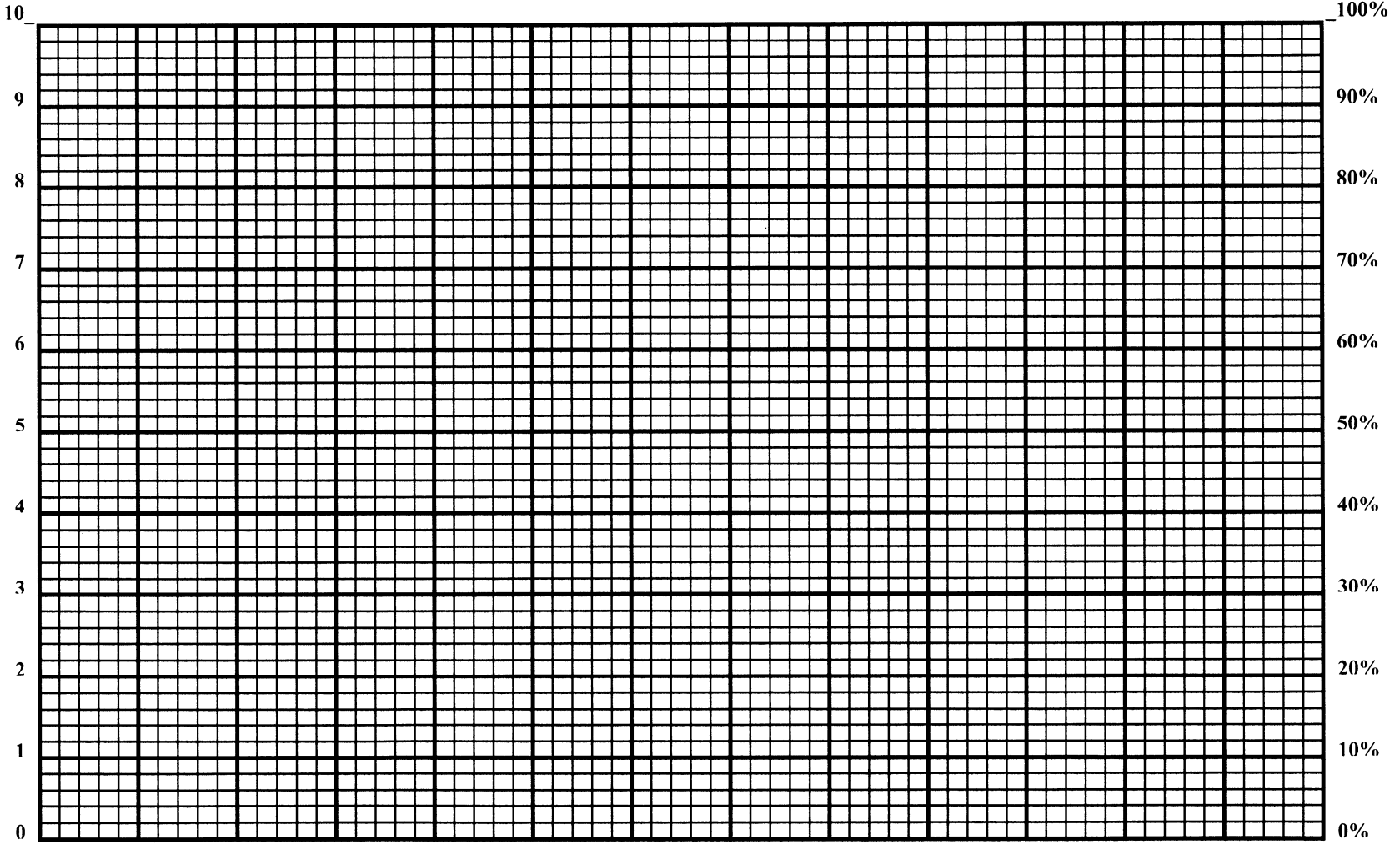


Patient Name _____ Injury Date _____

Pain Intensity

PAIN INTENSITY AND PERCENTAGE OF LOST DISABILITY OUTCOME GRAPH

Percentage of Lost Disability



Dates _____

Doctor's Name/Address: