

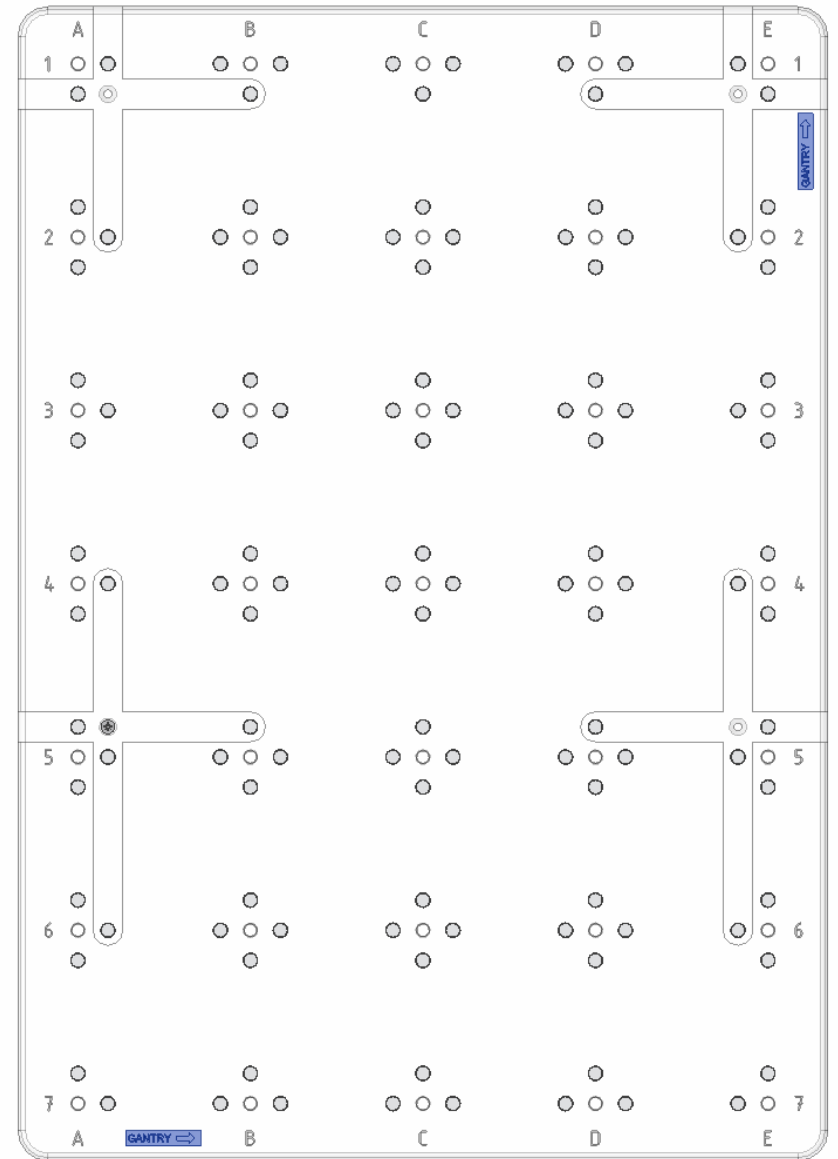
SET-UP SHEET

Multifix™

Patient:

Date:

Notes:



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