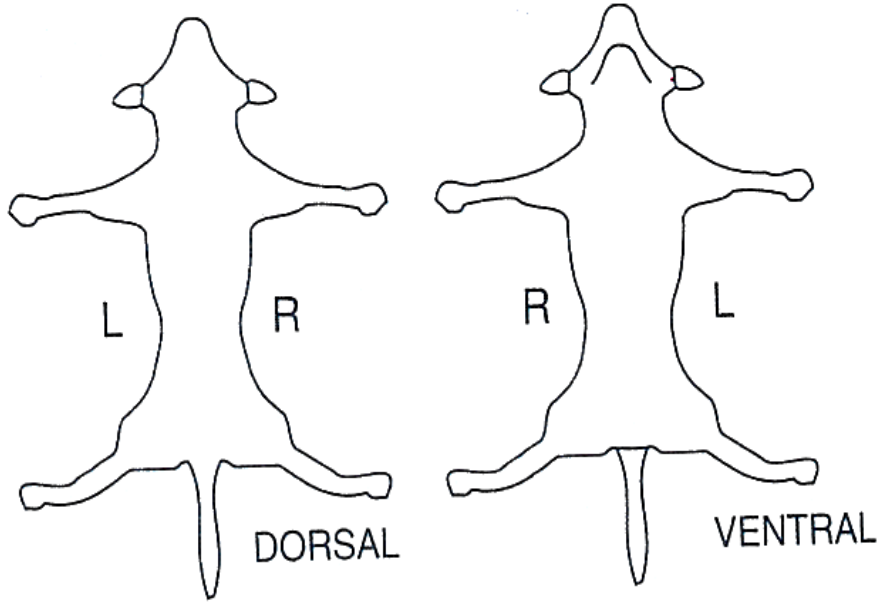


Tumor removal



Total # of tumors to be removed _____

Notes:

Owner or Owner's representative signature _____