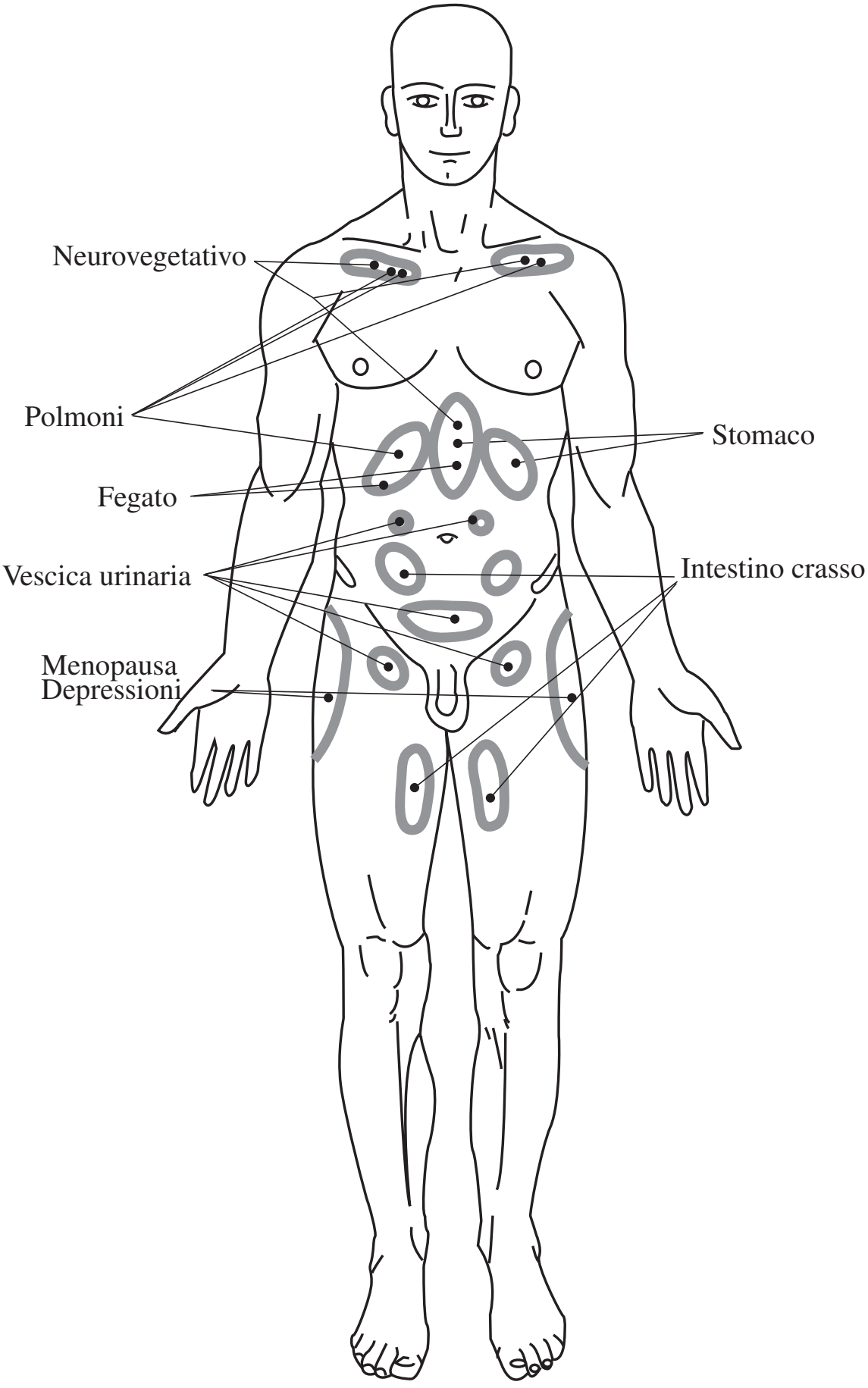
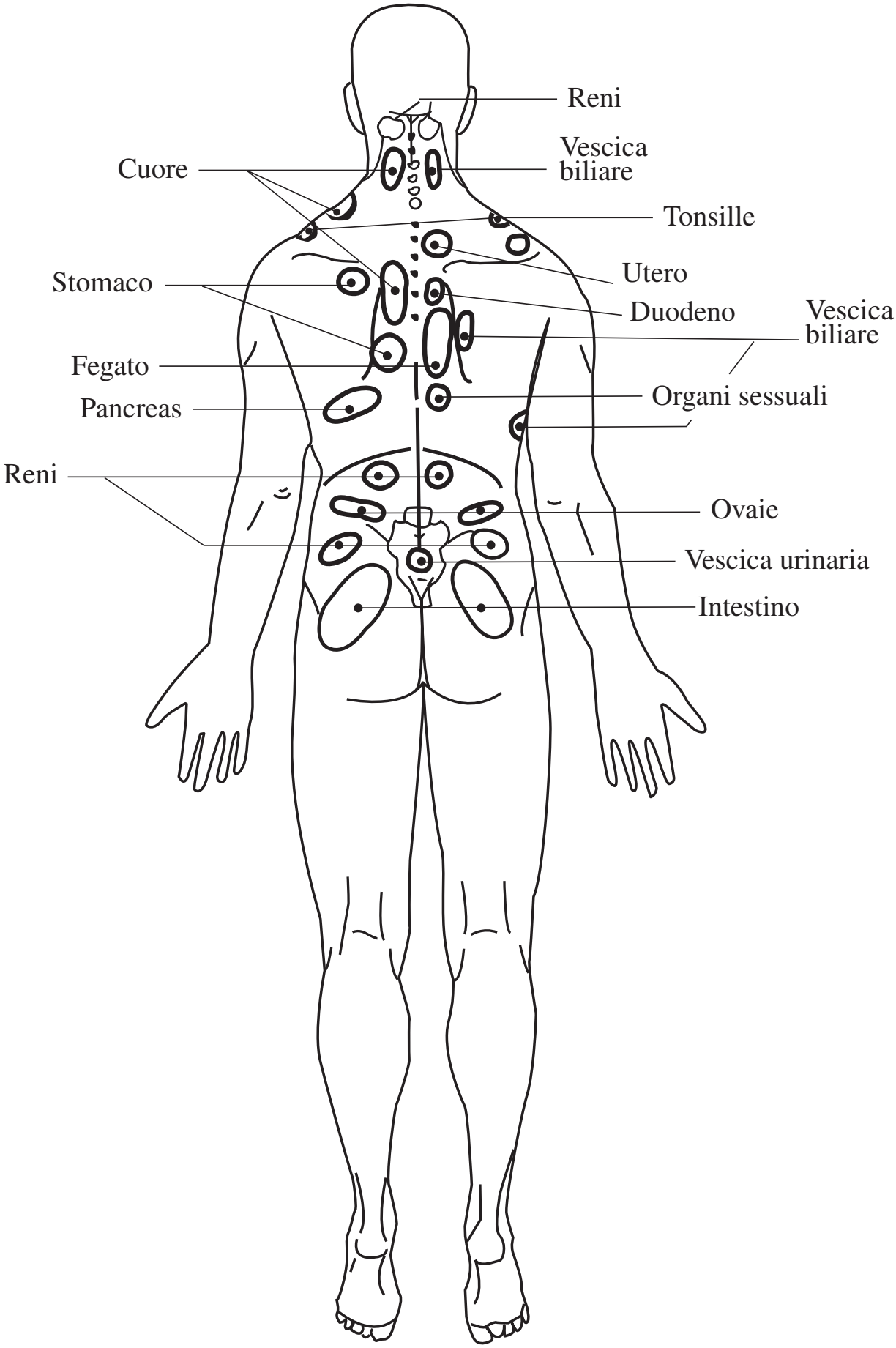
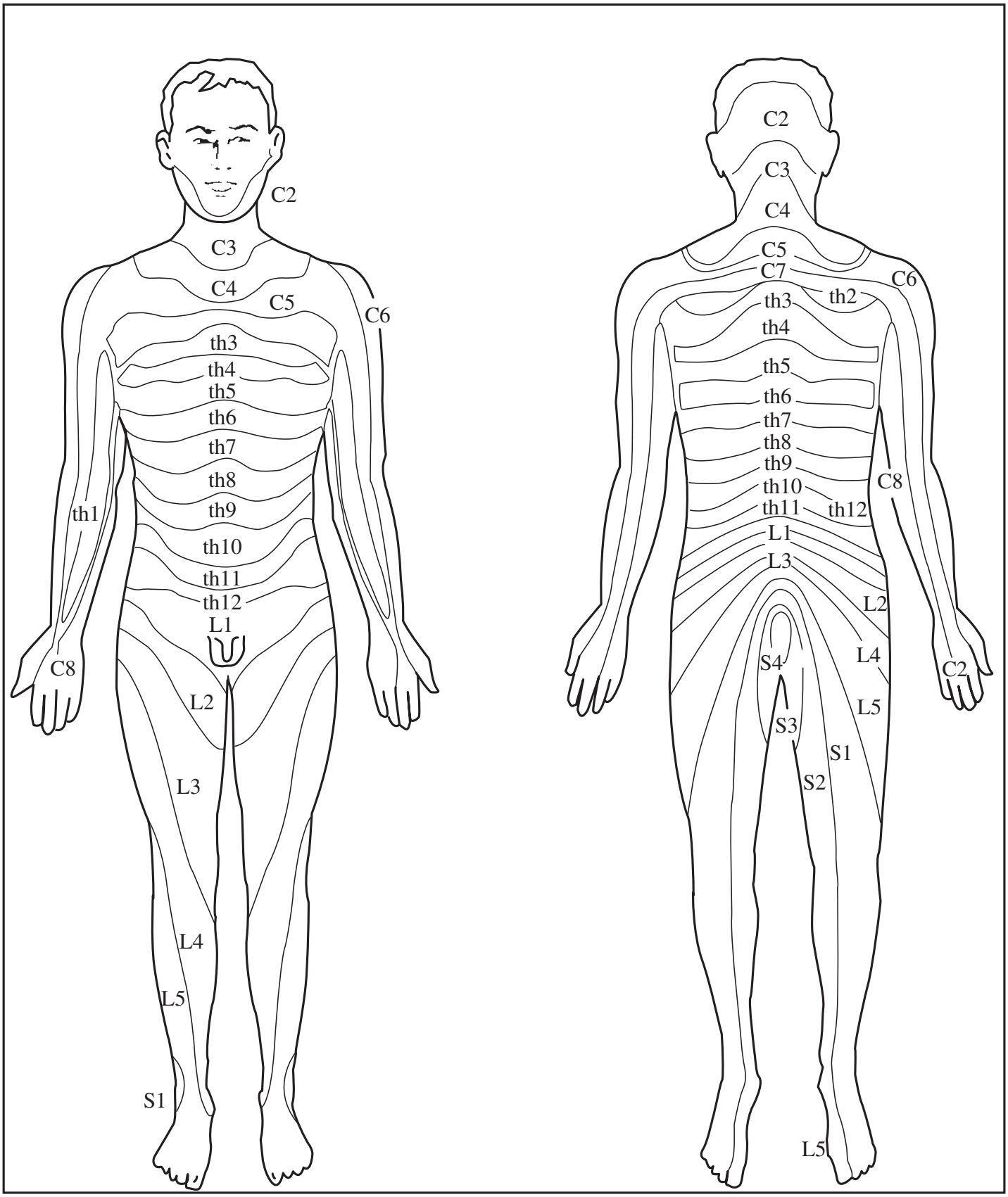
Zone di riflesso anteriori



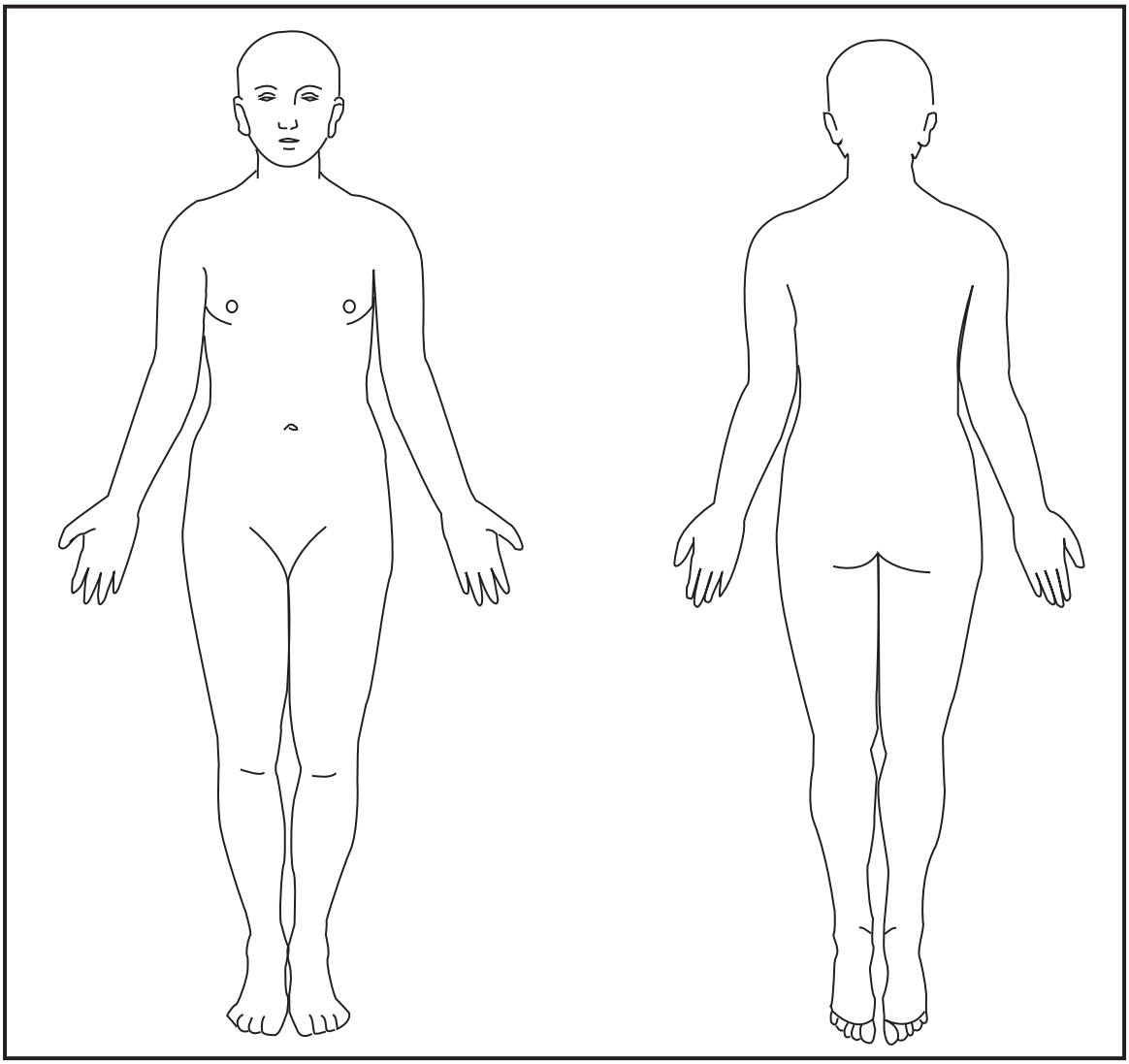
Zone di riflesso posteriori



Dermatomeri



Cliente: …… ***Terapista:*** ……



Nome:	Segmenti trattati:
Data:	
sin. o dx.	Ematoma sì (+) o no (-)