COLD TEST RESULTS

MEDICAL CENTER:

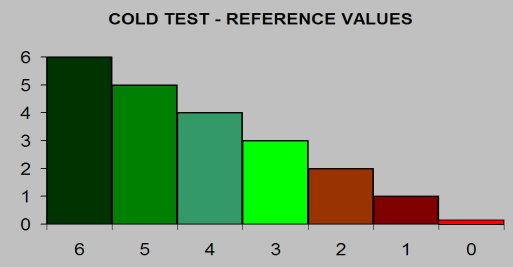
DATE: **03/01/2016 15:20** PATIENT ID:

PHYSICIAN: AREA OF EVALUATION: **LEFT FOOT**

AGE: **0** GENDER: HEIGHT: **0 cm** WEIGHT: **0**

REFERENCE VALUES (Method of Levels)

- 6: Normal High ++
- 5: Normal High +
- 4: Normal Low
- 3: Normal Borderline
- 2: Abnormal Low
- 1: Abnormal Moderately
- 0: Abnormal Severely



PATIENT RESULTS

6: Normal High ++