VIBRATION TEST RESULTS

MEDICAL CENTER:

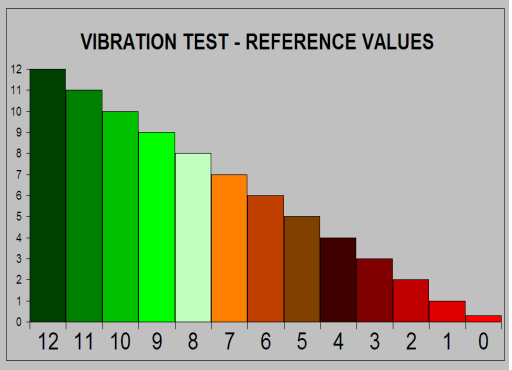
DATE: **03/01/2016 18:41** PATIENT ID:

PHYSICIAN: AREA OF EVALUATION: **RIGHT FOOT**

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

REFERENCE VALUES (Method of Levels)

- 0: Abnormal Severely
- 1: Abnormal Severely
- 2: Abnormal Slightly
- 3: Abnormal Slightly
- 4: Normal Borderline +
- 5: Normal Borderline ++
- 6: Normal Borderline +++
- 7: Normal Borderline ++++
- 8: Normal Borderline +++++
- 9: Normal Low
- 10: Normal High +
- 11: Normal High ++
- 12: Normal High +++



PATIENT RESULTS

12: Normal High +++