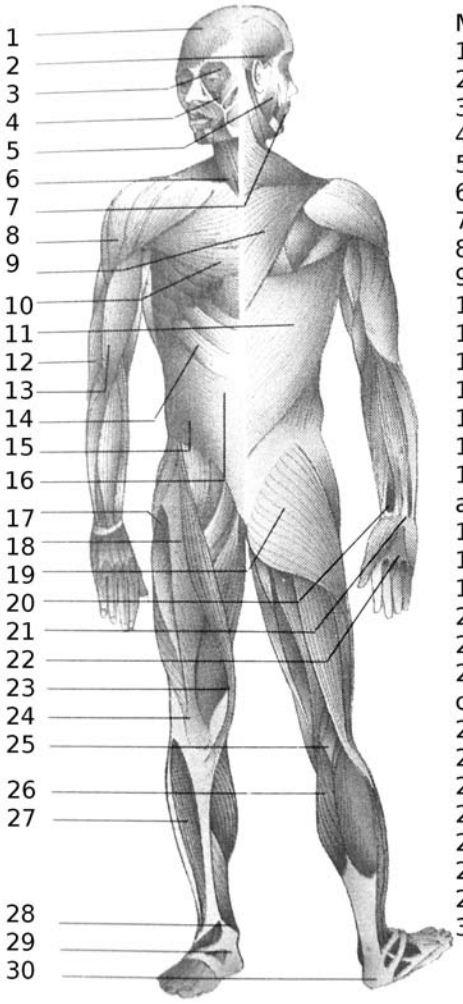
COMPANY: _____ **DATE:** __/__/____
NAME: _____ **PHONE:** (___) ___-____

PATIENT NAME

Skeletal muscles



Musculus ...
1:occipitofrontalis
2:temporoparientalis
3:orbicularis oculi
4:levator labii superior
5:masticatorii
6:sternocleidomastoideus
7:orbicularis oris
8:deltoideus
9:trapezius
10:pectoralis major
11:latissimus dorsi
12:triceps brachii
13:biceps brachii
14:serratus anterior
15:rectus abdominis
16:obliquus externus abdominis
17:tensor fascia lata
18:rectus femoris
19:gluteus maximus
20:pronator quadratus
21:flexor retinaculum
22:flexor digitorum communis
23:sartorius
24:quadriceps femoris
25:ischiocrurale
26:gastrocnemius
27:tibialis anterior
28:soleus
29:extensor retinaculum
30:triceps surae

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date	notes

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