

COLD TEST RESULTS



MEDICAL CENTER:

DATE: **09/05/2022 17:14** PATIENT ID:

PHYSICIAN:

AREA OF EVALUATION: **LEFT FOOT**

AGE: **0**

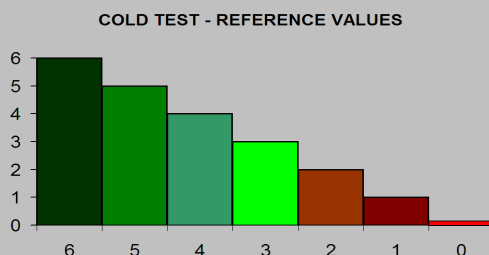
GENDER:

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 ++

POINTS

