

Name:
Date:

Result-Sheet
Reflexology in the eyes - Iridology

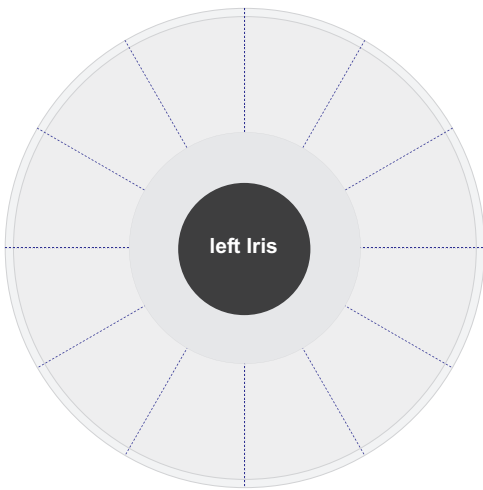
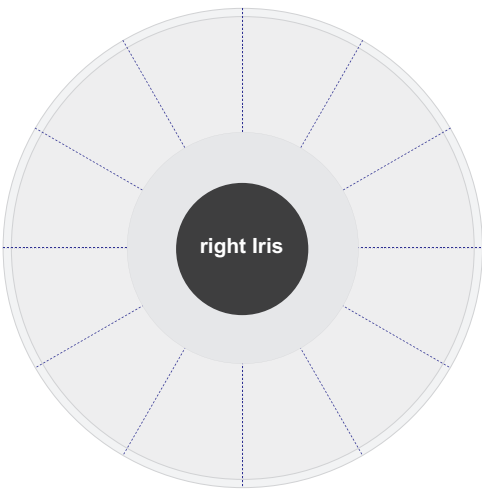
Date of the last treatment

Reactions:
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Treatments in this session:
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Reactions:
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Remarks:
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Name:
Date:

Result-Sheet
Reflexology in the eyes - Iridology

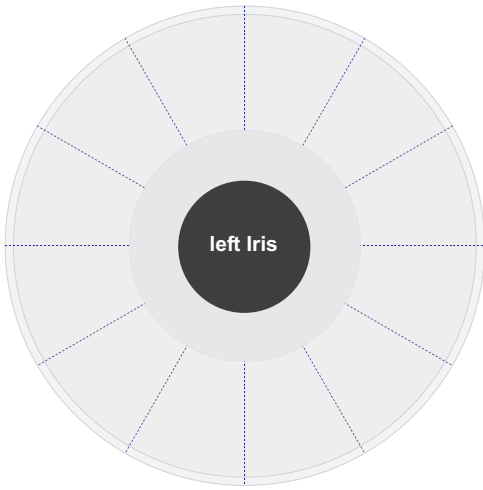
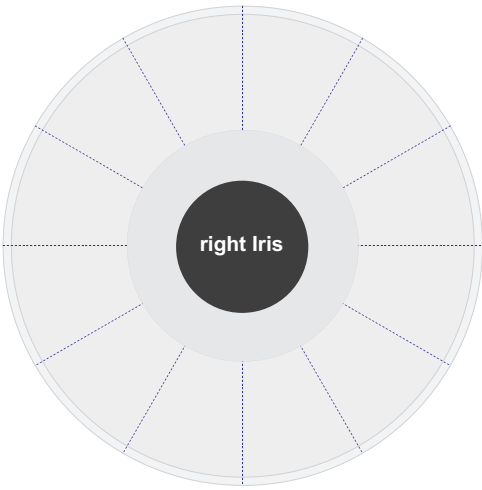
Date of the last treatment

Reactions:
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Treatments in this session:
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Reactions:
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