

EAR EXAMINATION

Date: _____

(R) Ear

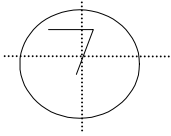
	Yes	No	Not Sure
Bulge			
Pus			
Hole			

(L) Ear

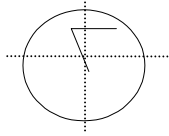
	Yes	No	Not Sure
Bulge			
Pus			
Hole			

If hole present please draw position and size

(R)



(L)



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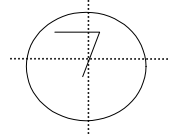
	Yes	No	Not Sure
Bulge			
Pus			
Hole			

(L) Ear

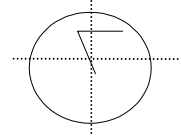
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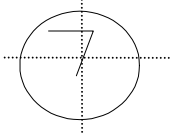
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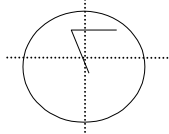
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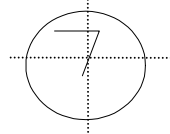
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Bulge			
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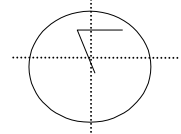
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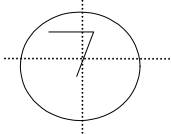
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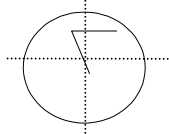
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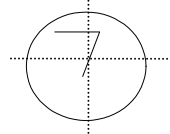
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Pus			
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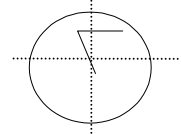
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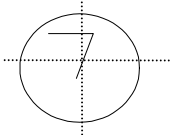
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Pus			
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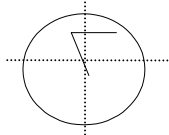
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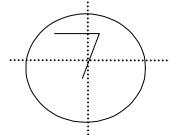
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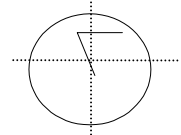
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