Severity Assessment for *BRACHYCEPHALY*

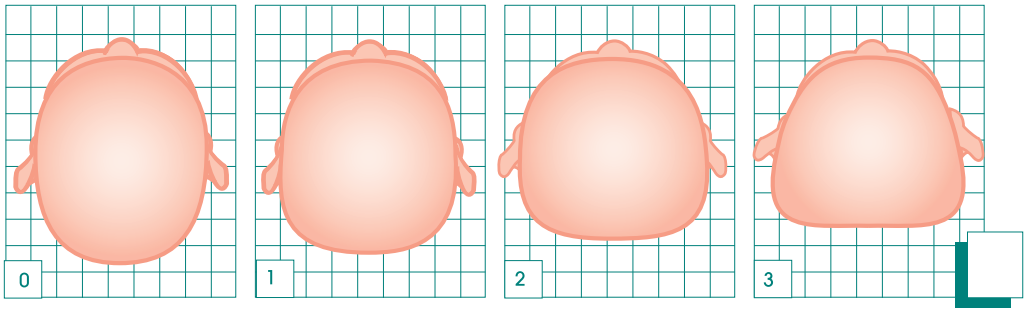
Patient Name

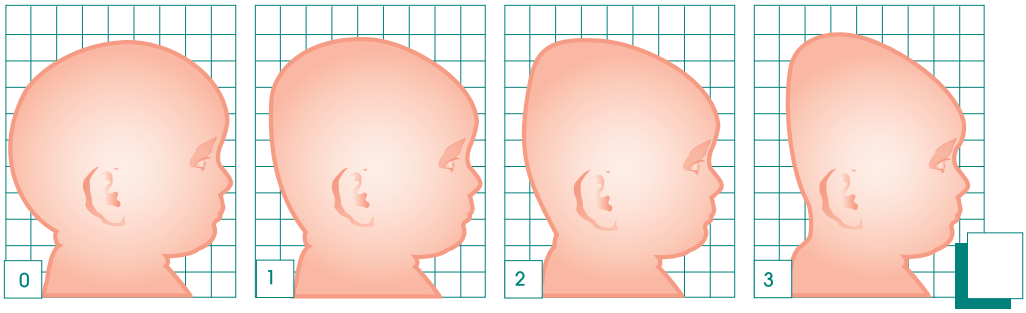
Sex M F

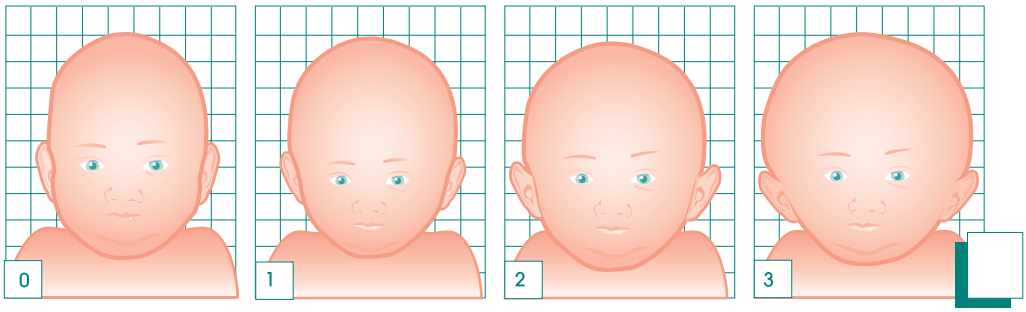
Date

Date of Birth

Notes







TOTAL SCORE

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