Body Map

DATE _____

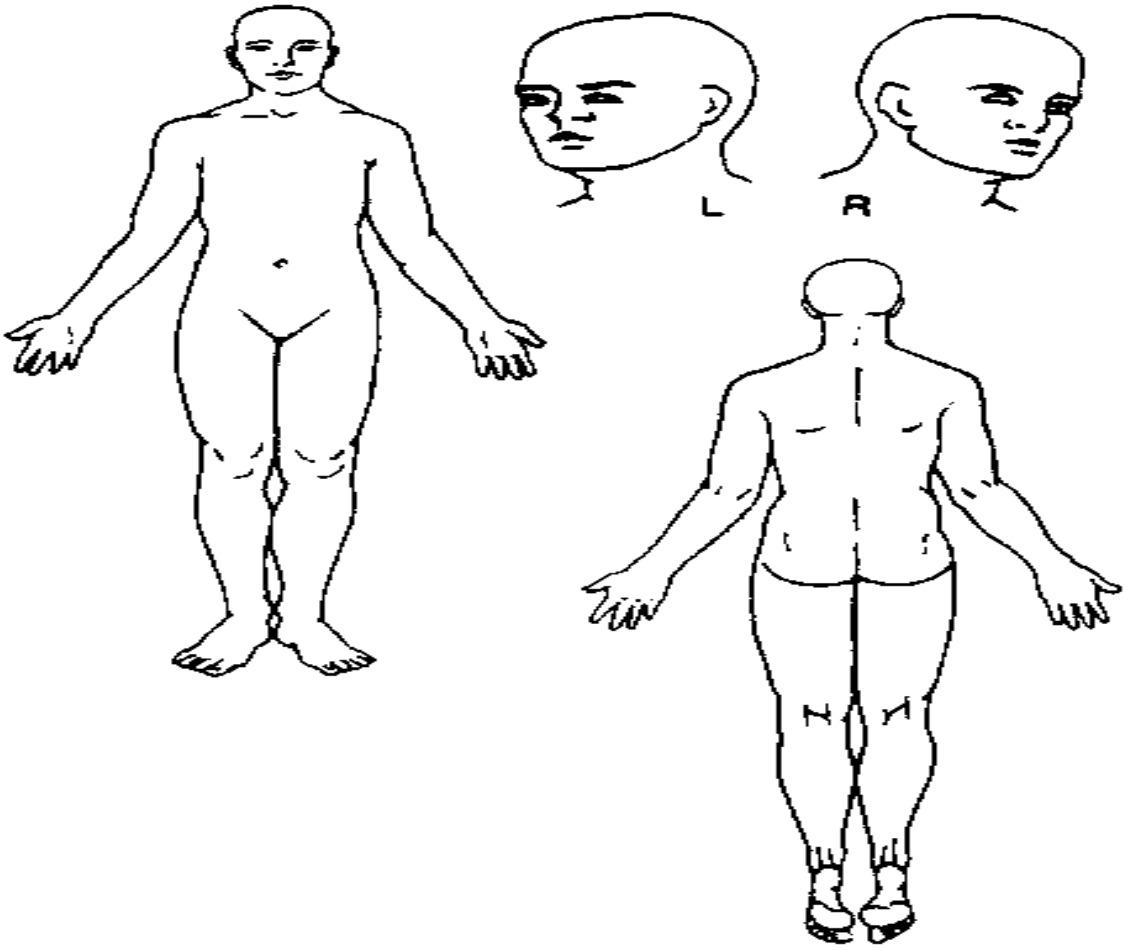
PATIENT'S NAME _____ **DOB** _____/_____/_____

PATIENT'S CHART NO. _____

_____

HEALTH PRACTITIONER'S SIGNITURE

Identify sites of injuries, even seemingly trivial ones. Narrate a complete description in the space provided below.



COMMENTS

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