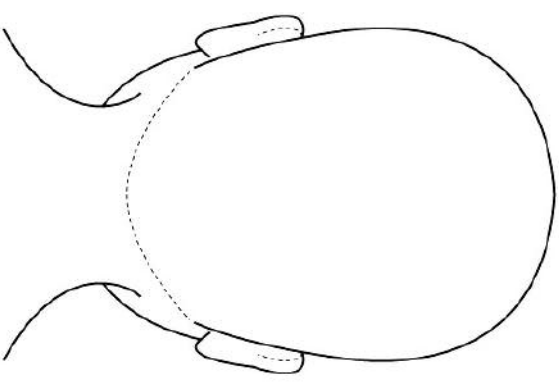
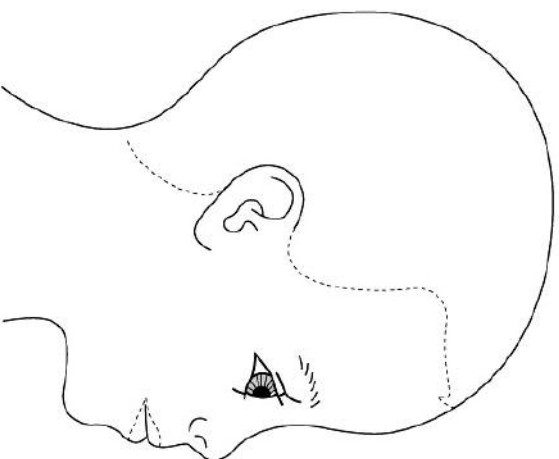
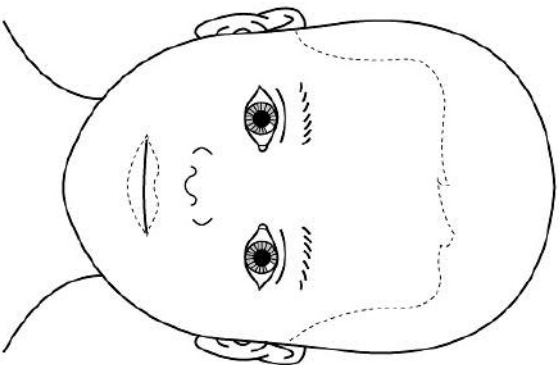
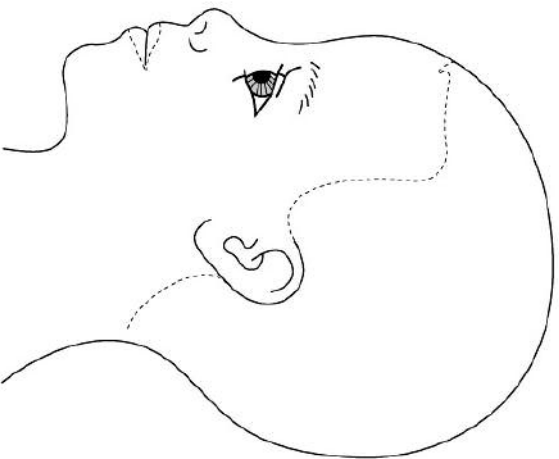


Record of Facial Injury



Description of findings:

Signature:

Date:

__ / __ / __

Time:

__ : __

Name:

Ref. no.:

(or affix patient label)