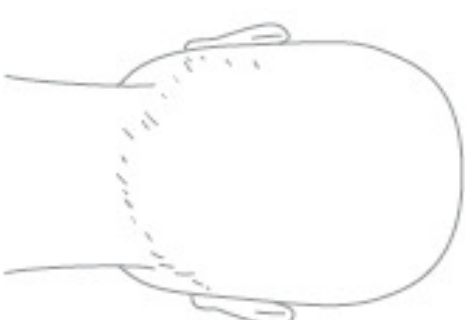


Record of facial injury

Record of facial Injury



Description of findings:

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Signature:

Date:/...../.....

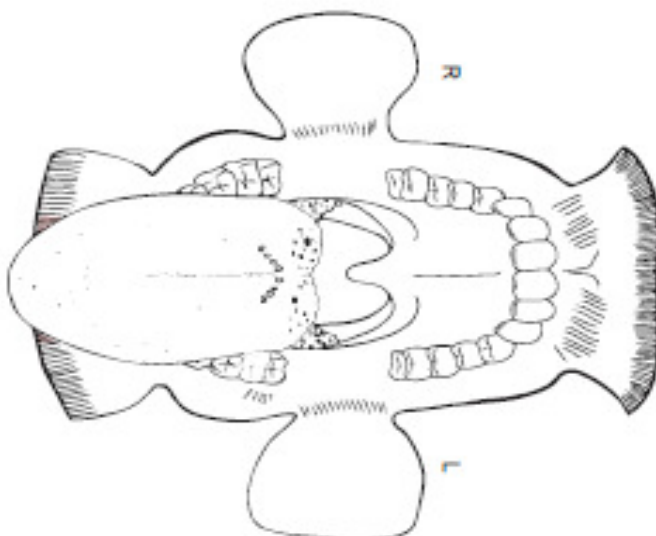
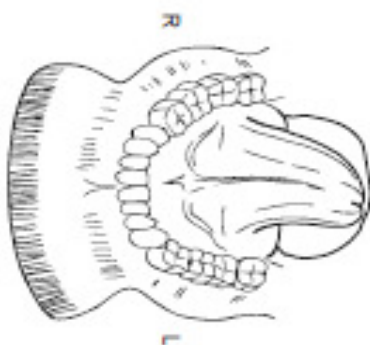
Name:

Date of Birth:

Address:

Oral Assessment Chart

Oral Assessment Chart



Description of findings:

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 Signature: Date:/...../.....

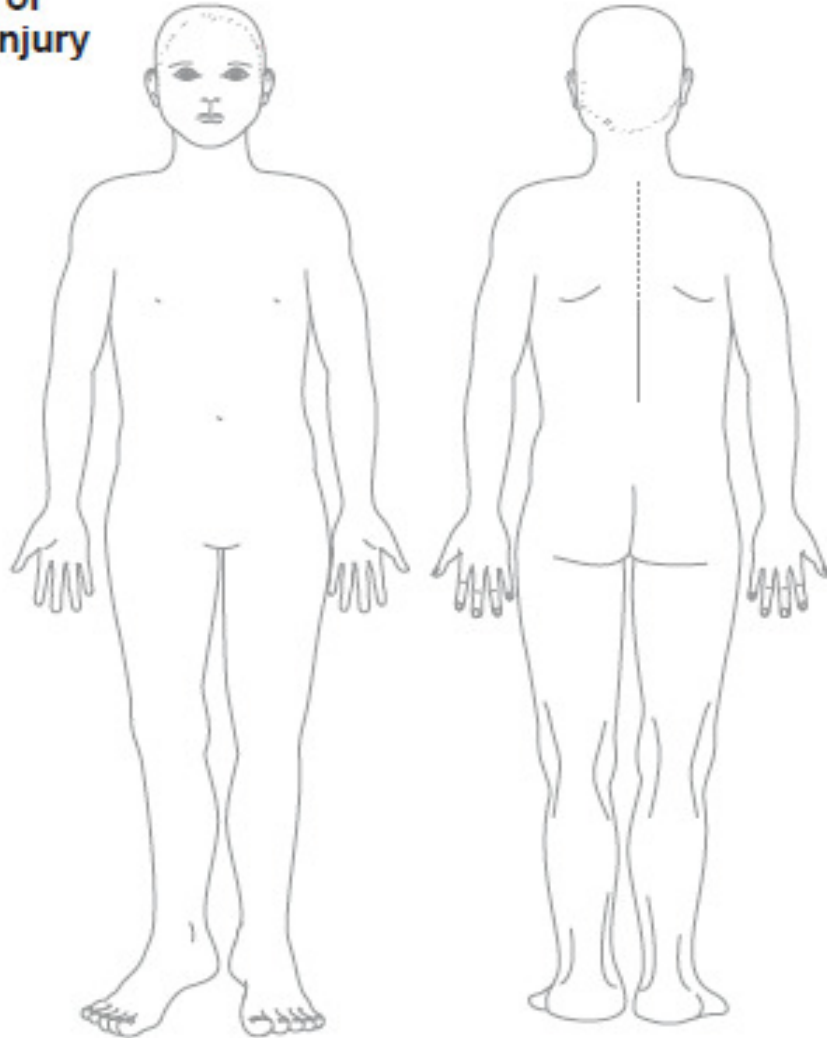
Name:

Date of Birth:

Address:

Record of bodily injury

Record of bodily injury



Description of findings:

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Signature: Date: .. / .. / ..

Name:

Date of Birth:

Address: