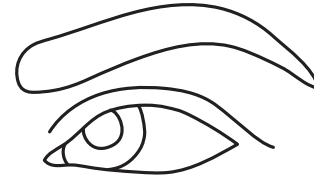
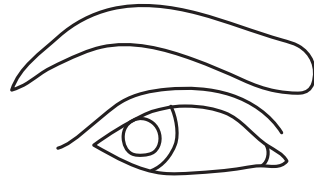
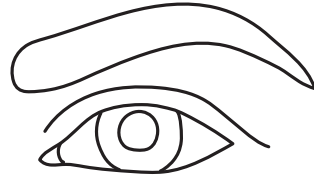
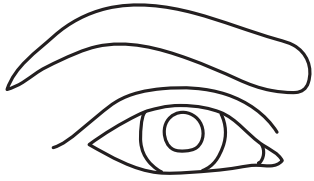
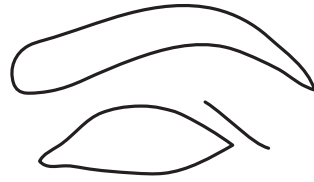
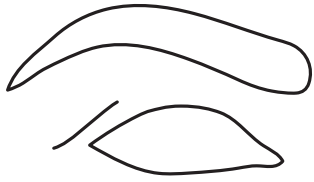


Body Diagram—Eyes



No injury noted

Page ____ of ____

Examiner's initials: _____

PATIENT LABEL OR

PATIENT'S NAME:

MRN#