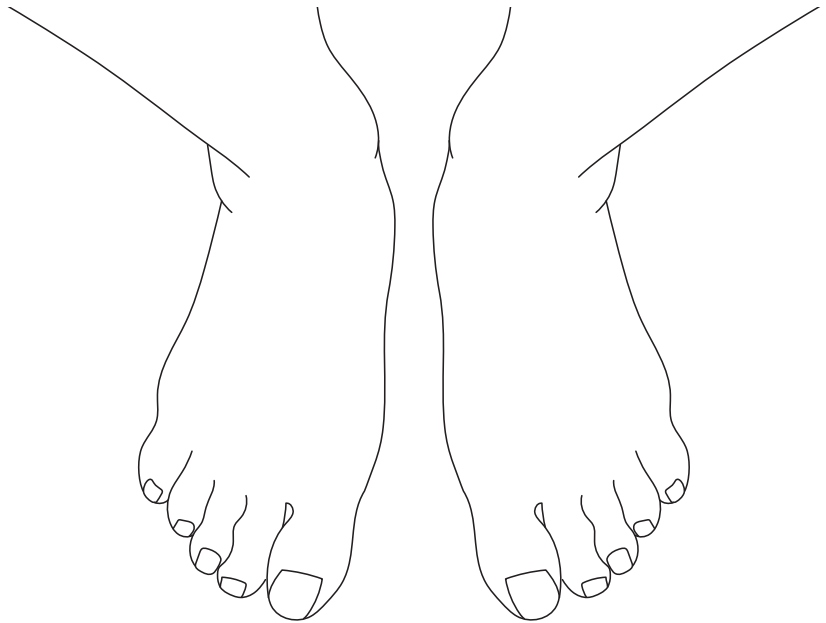
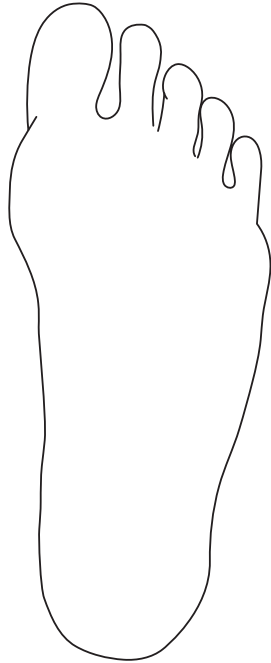
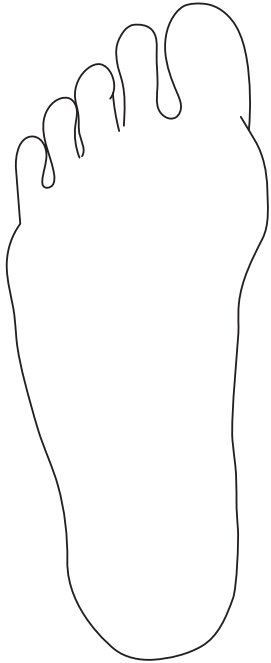


Body Diagram—Feet



No injury noted

Page ____ of ____

Examiner's initials: _____

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PATIENT LABEL OR
PATIENT'S NAME:
MRN#