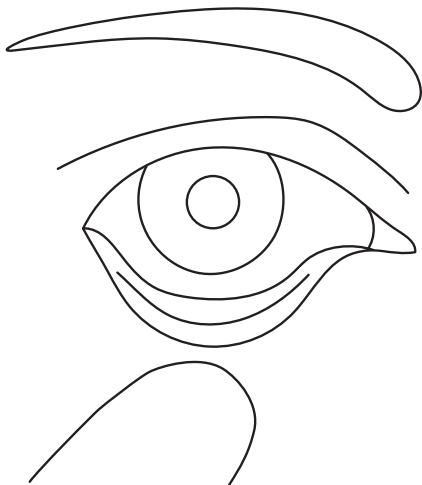
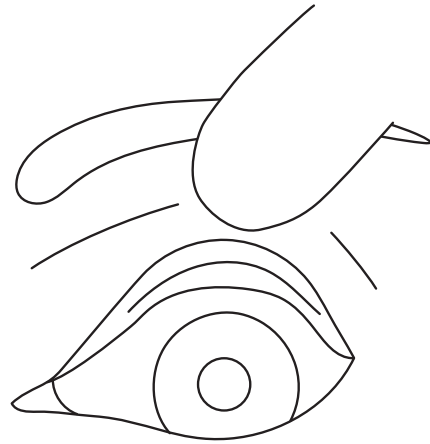
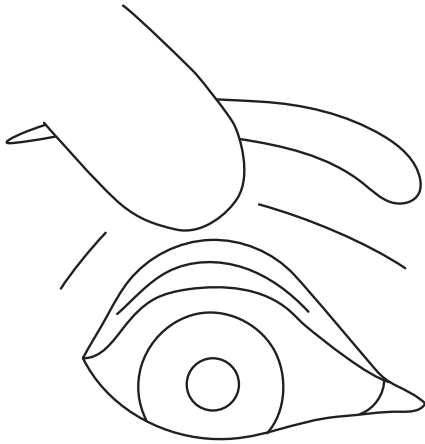


Body Diagram—Eye and Conjunctiva



No injury noted

Page ____ of ____

Examiner's initials: _____

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|------------------|
| PATIENT LABEL OR |
| PATIENT'S NAME: |
| MRN# |