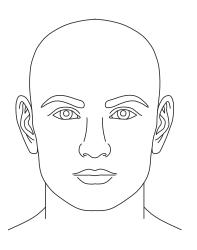
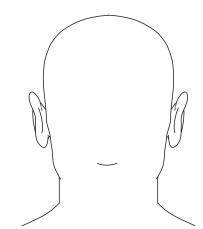
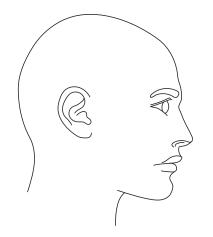
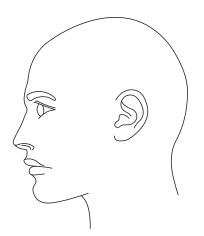
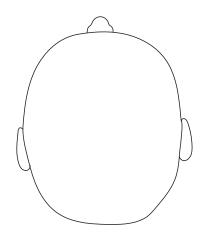
Body Diagram—Head









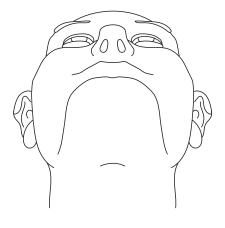


□ No injury noted

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Examiner's initials:_____

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