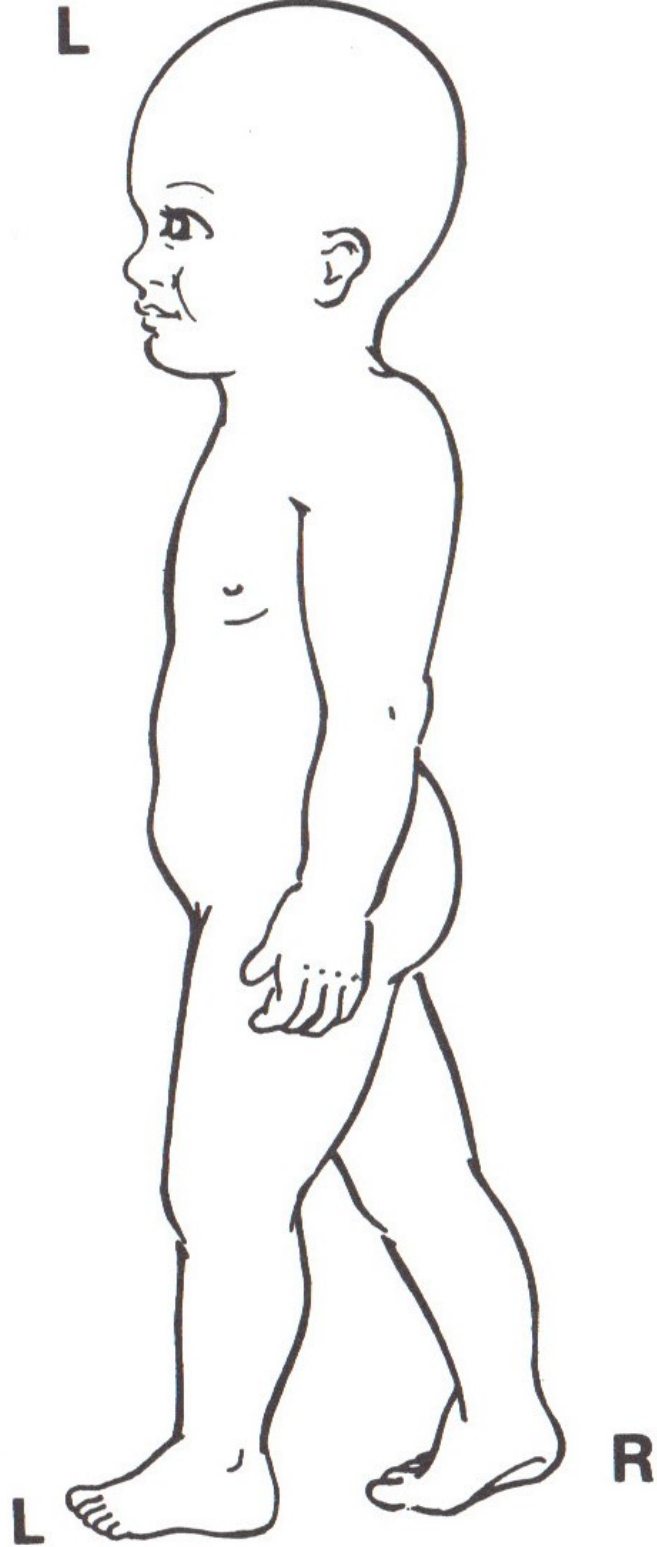


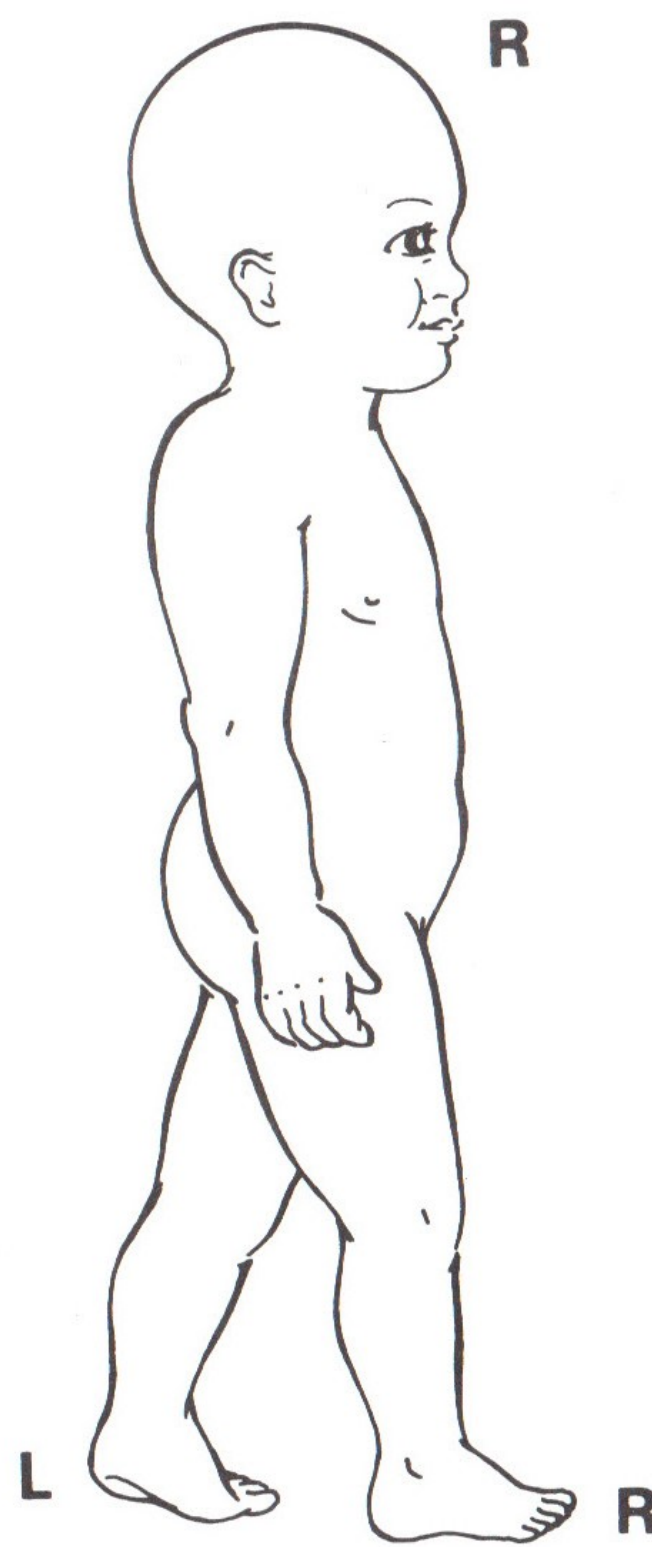


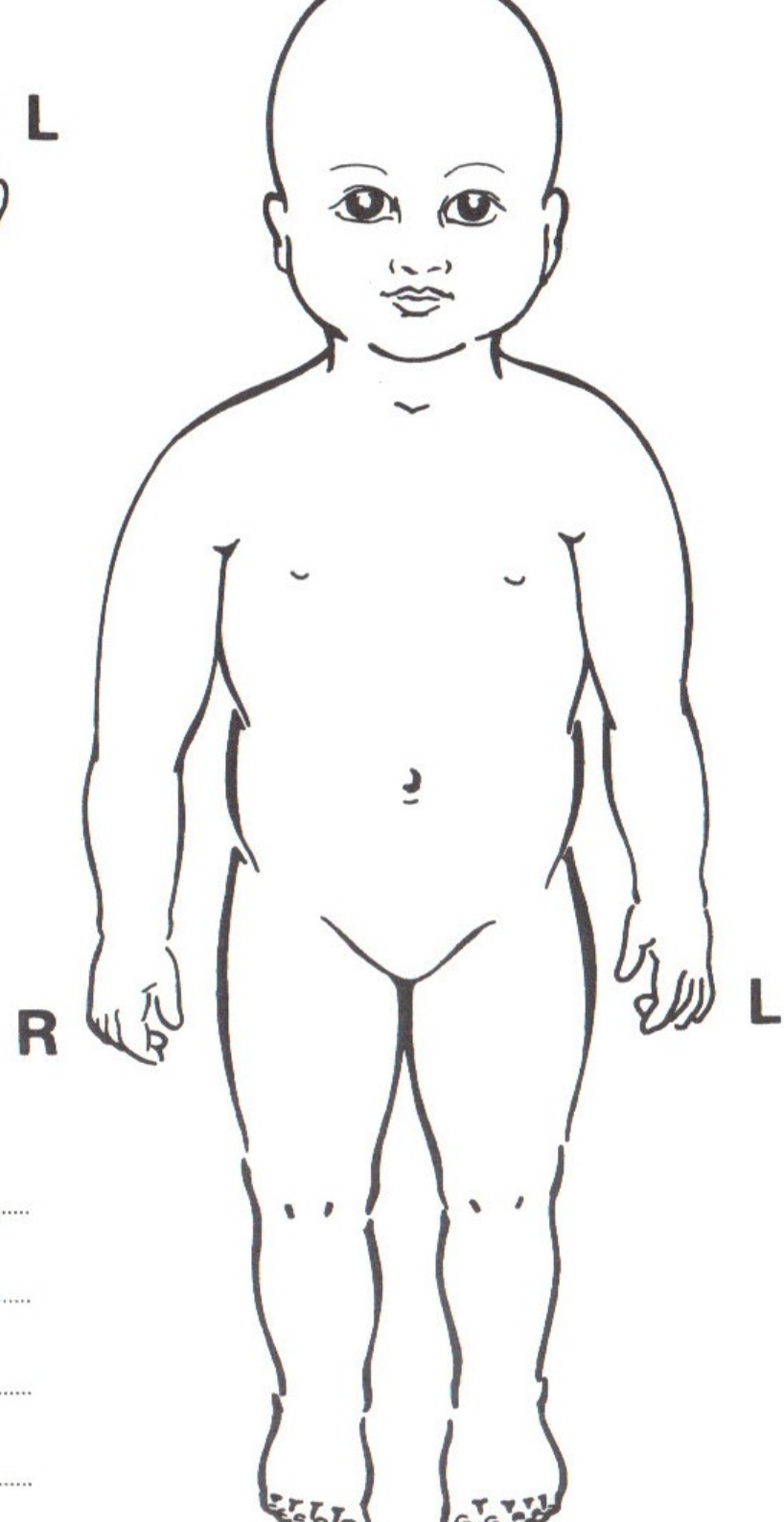
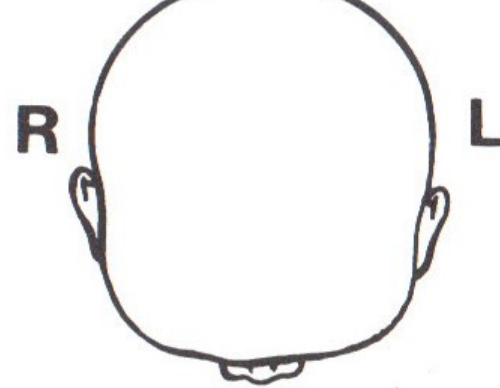
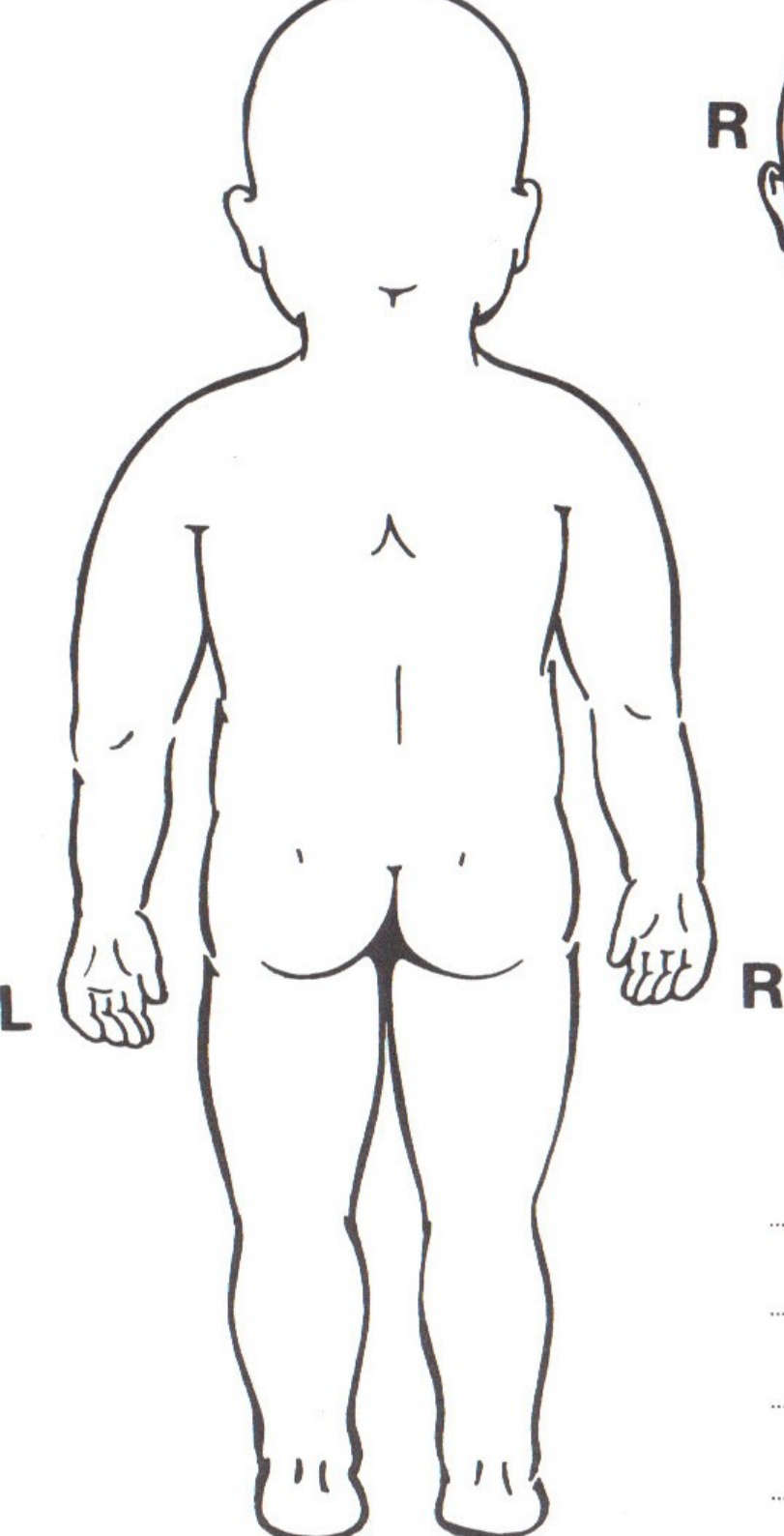
NAME OF PATIENT: —

NAME OF DOCTOR: —

DATE: —

STN. REF. NO: —



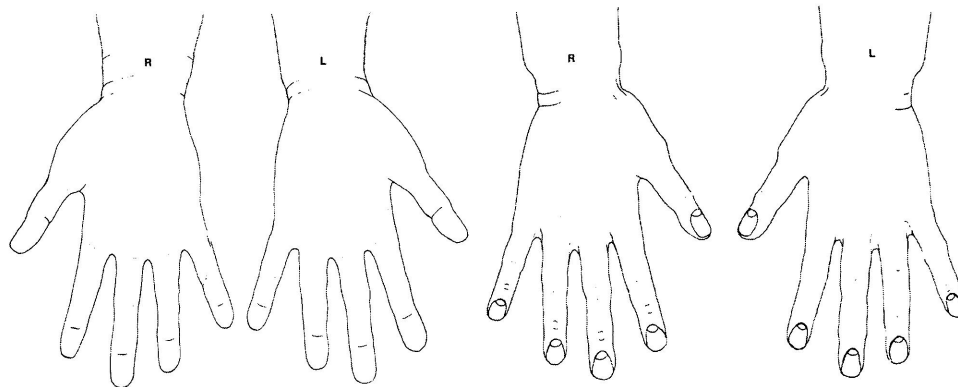
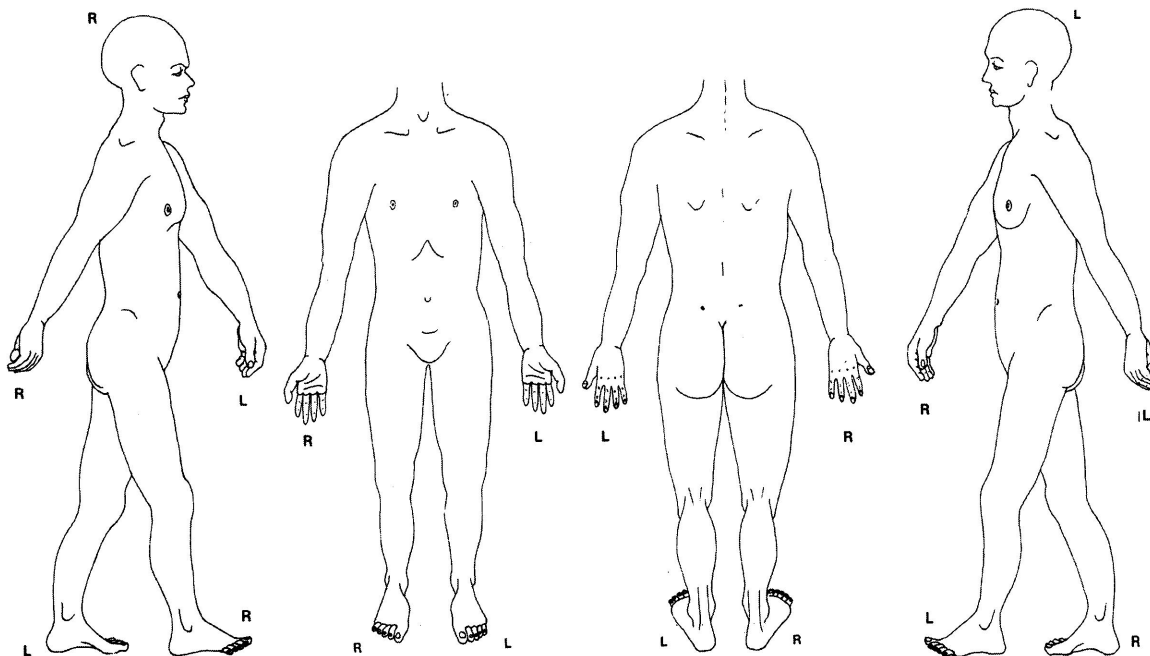
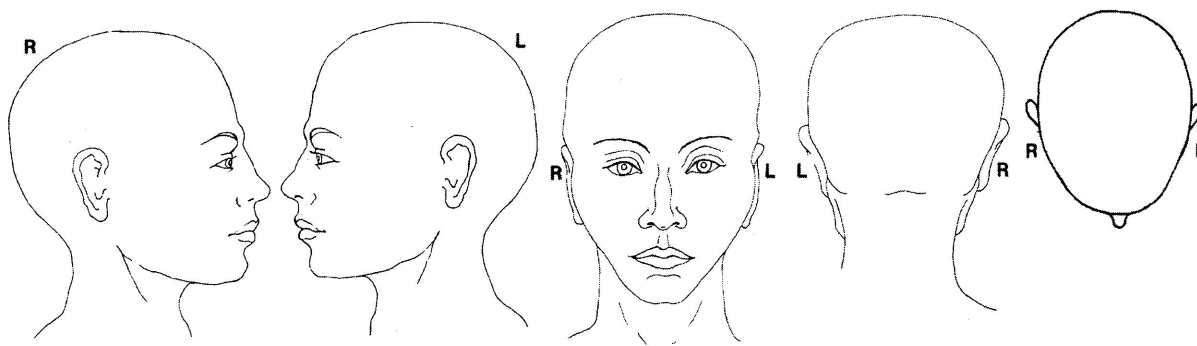


NAME OF PATIENT: —

NAME OF DOCTOR: —

DATE: —

STN. REF. NO: —



Handedness R - L

Clothes

No other injuries observed or complained of Time of injury Time of photographs

Samples taken:

.../1-	at	h	.../4-	at	h	.../7-	at	h
.../2-	at	h	.../5-	at	h	.../8-	at	h
.../3-	at	h	.../6-	at	h	.../9-	at	h

Additional samples:.....

Given to.....at.....h

I consent* to a full examination and/or taking of samples and/or taking of photographs for educational purposes including publication in scientific & medical journals, books and all other media including electronic and am aware that formal reports/statements may be prepared from these notes for police, court and other purposes, and I consent to such reports/statements being made: *** delete as appropriate**

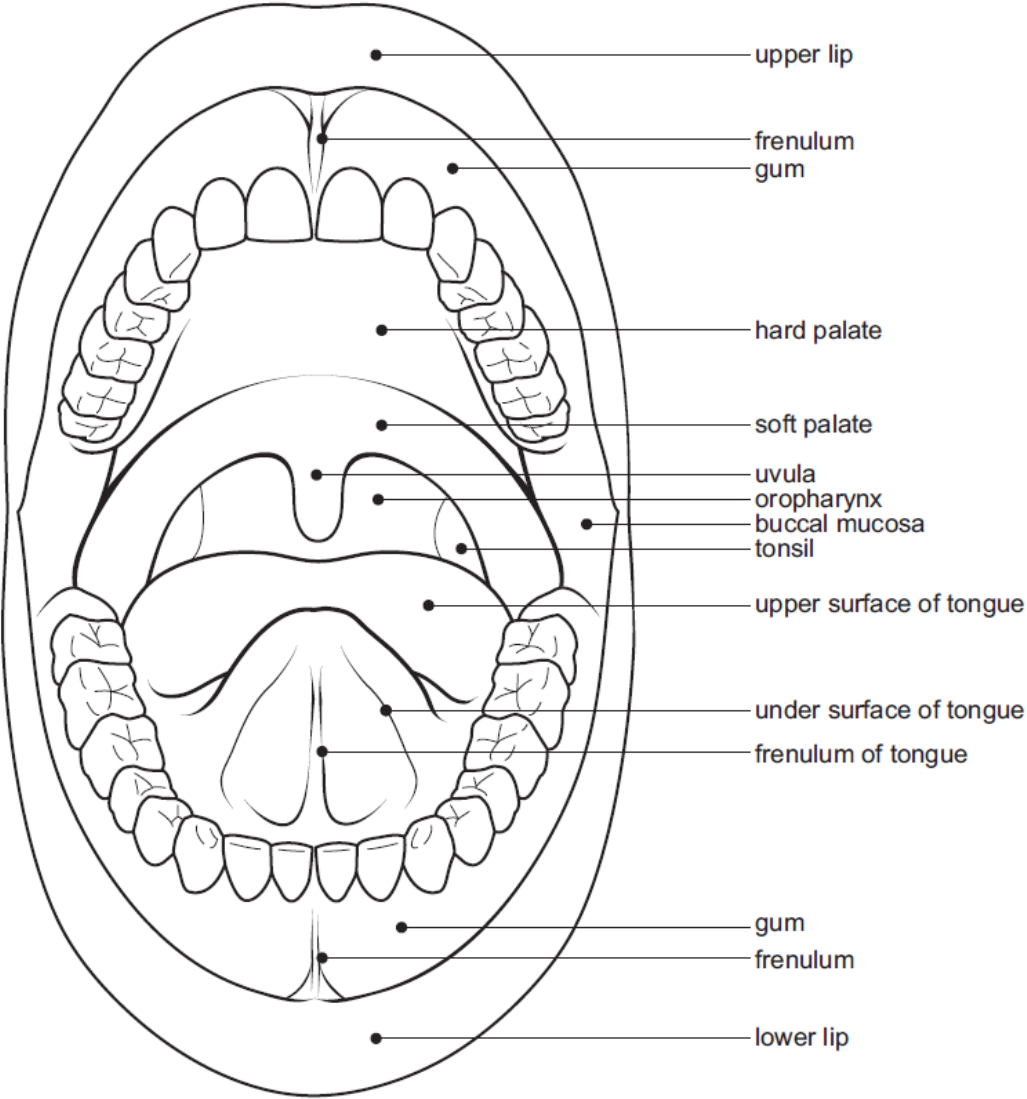
Name

Witness (name and signature)

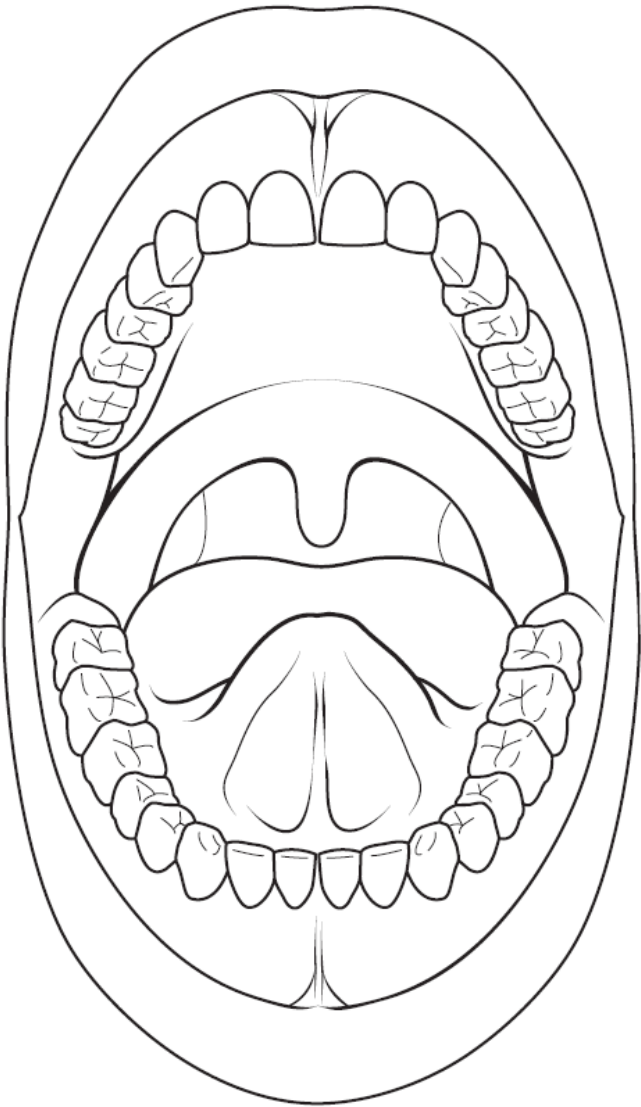
Signed

.....

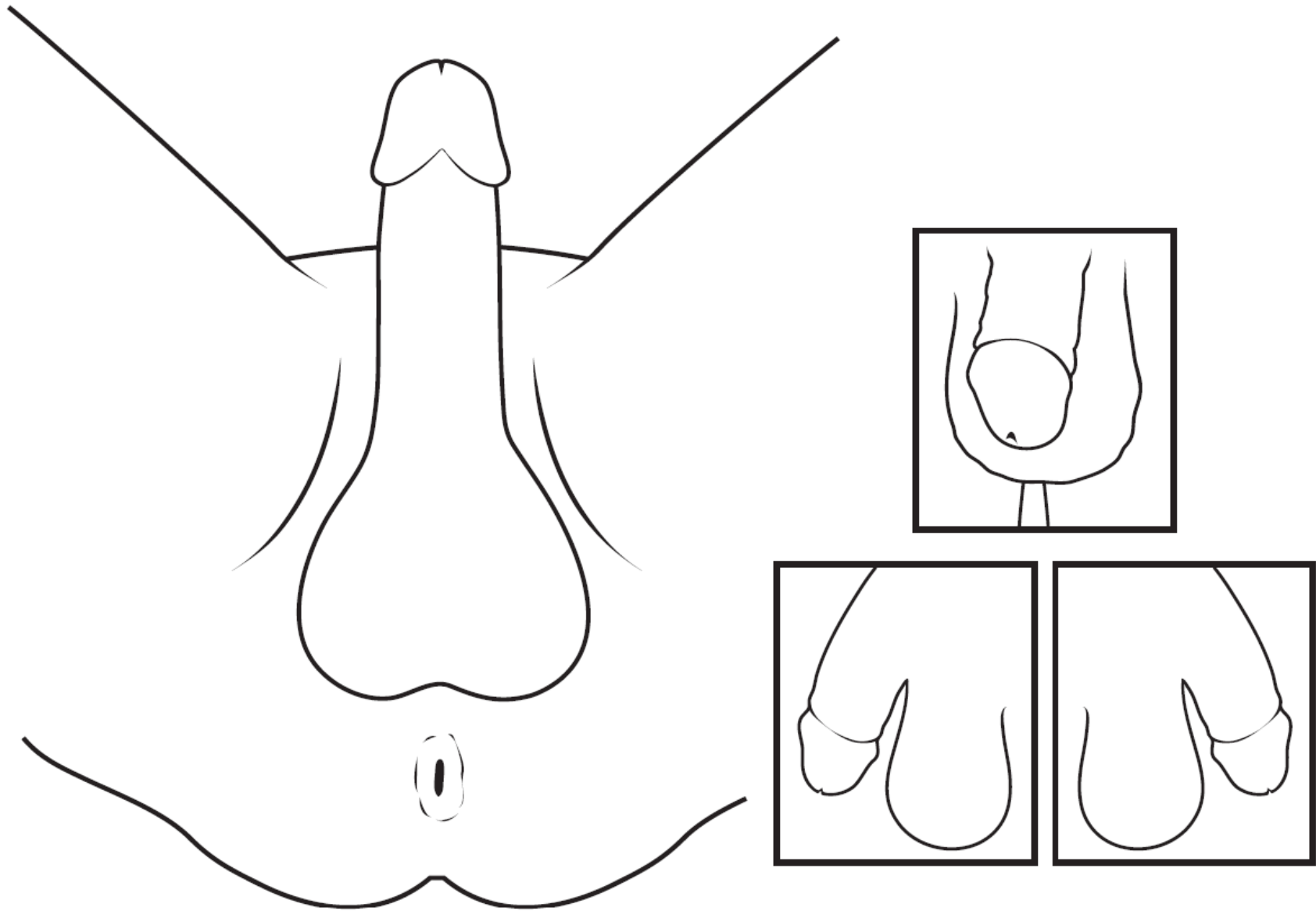
Patient's name <i>and/or</i> Unique Ref of ID No:		Date:	
Examiner's name <i>and</i> Regulatory No:		Exhibit No:	



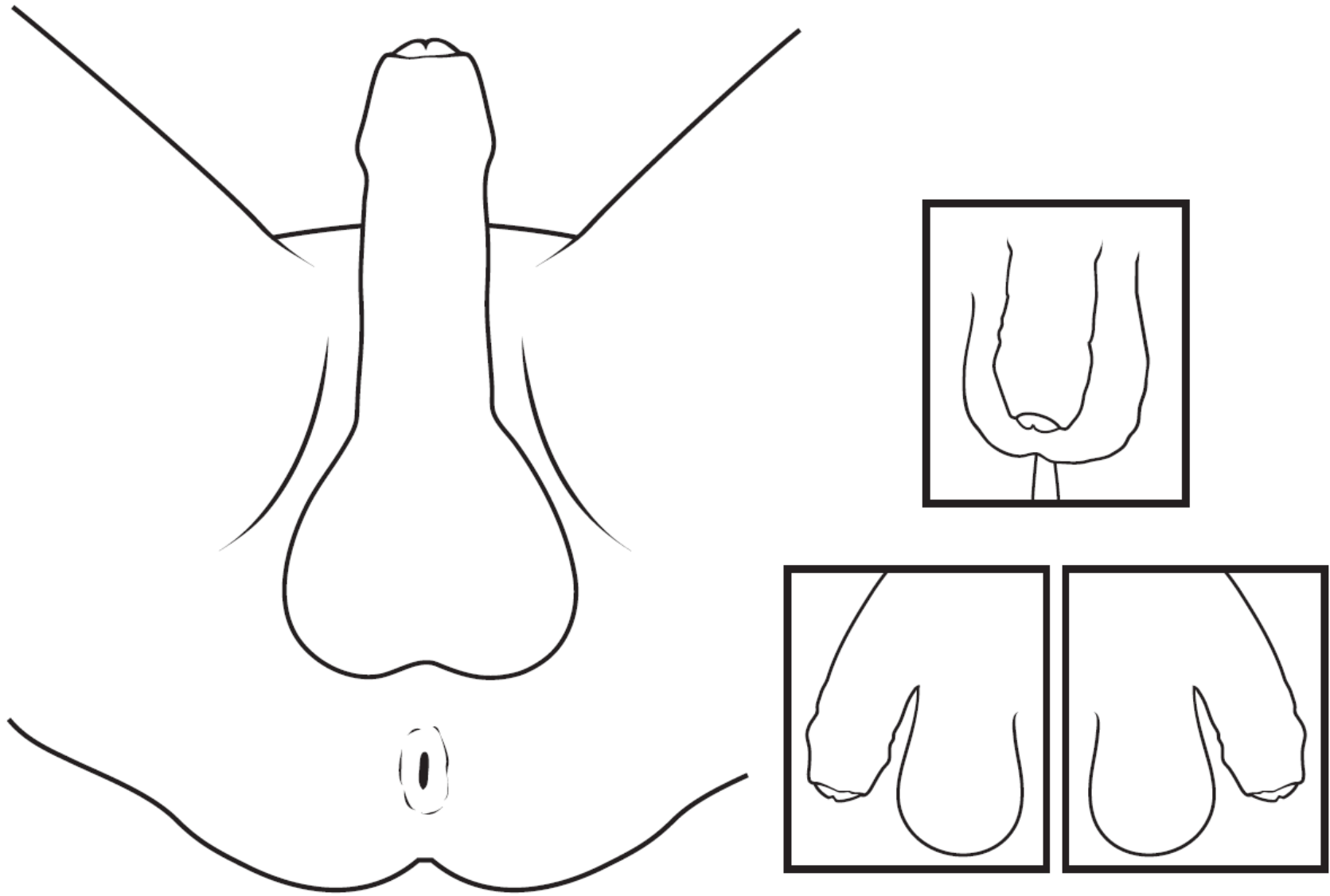
Patient's name <i>and/or</i> Unique Ref of ID No:		Date:	
Examiner's name <i>and</i> Regulatory No:		Exhibit No:	



Patient's name <i>and/or</i> Unique Ref of ID No:		Date:	
Examiner's name <i>and</i> Regulatory No:		Exhibit No:	



Patient's name <i>and/or</i> Unique Ref of ID No:		Date:	
Examiner's name <i>and</i> Regulatory No:		Exhibit No:	



R

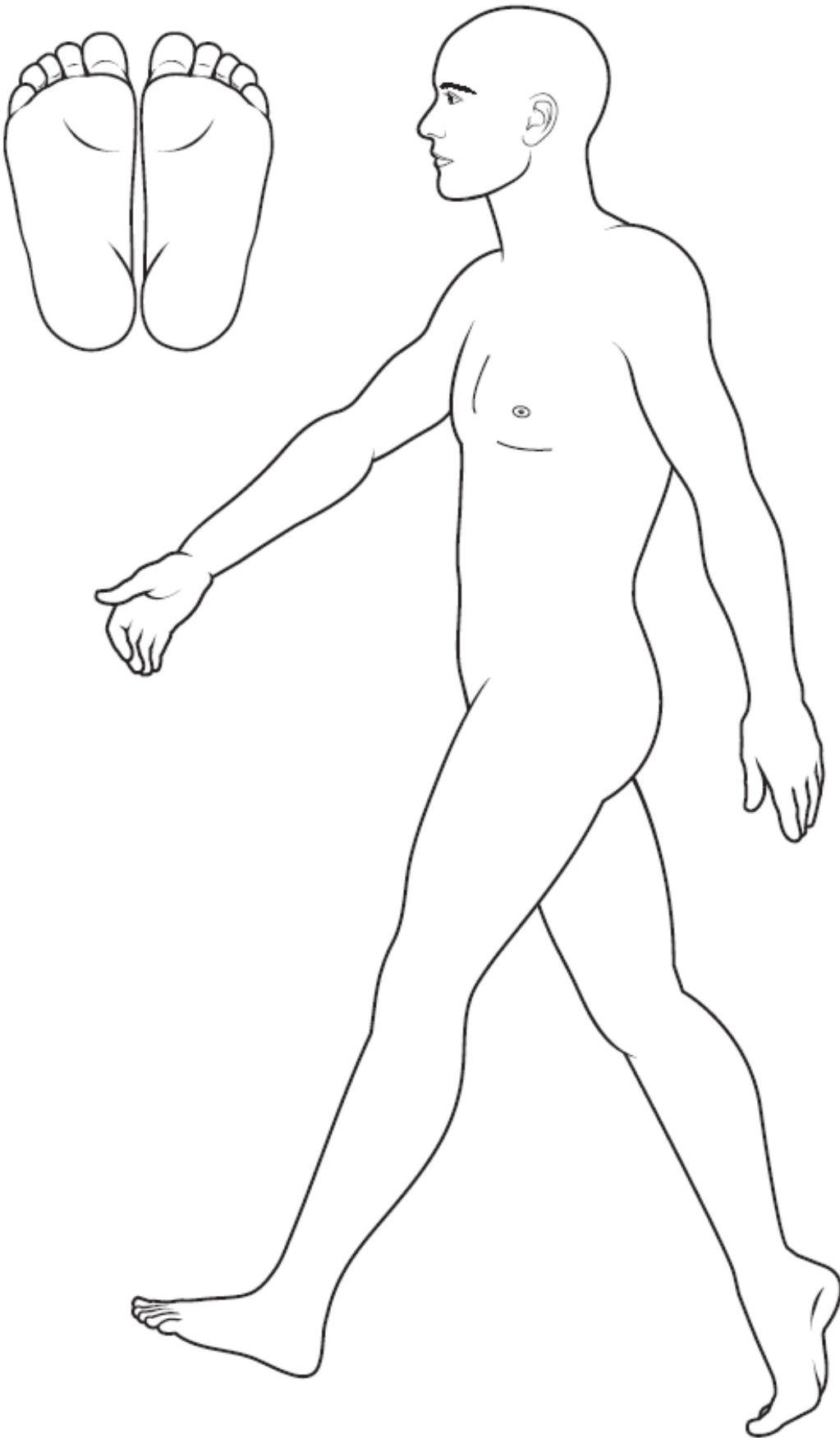
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NAME

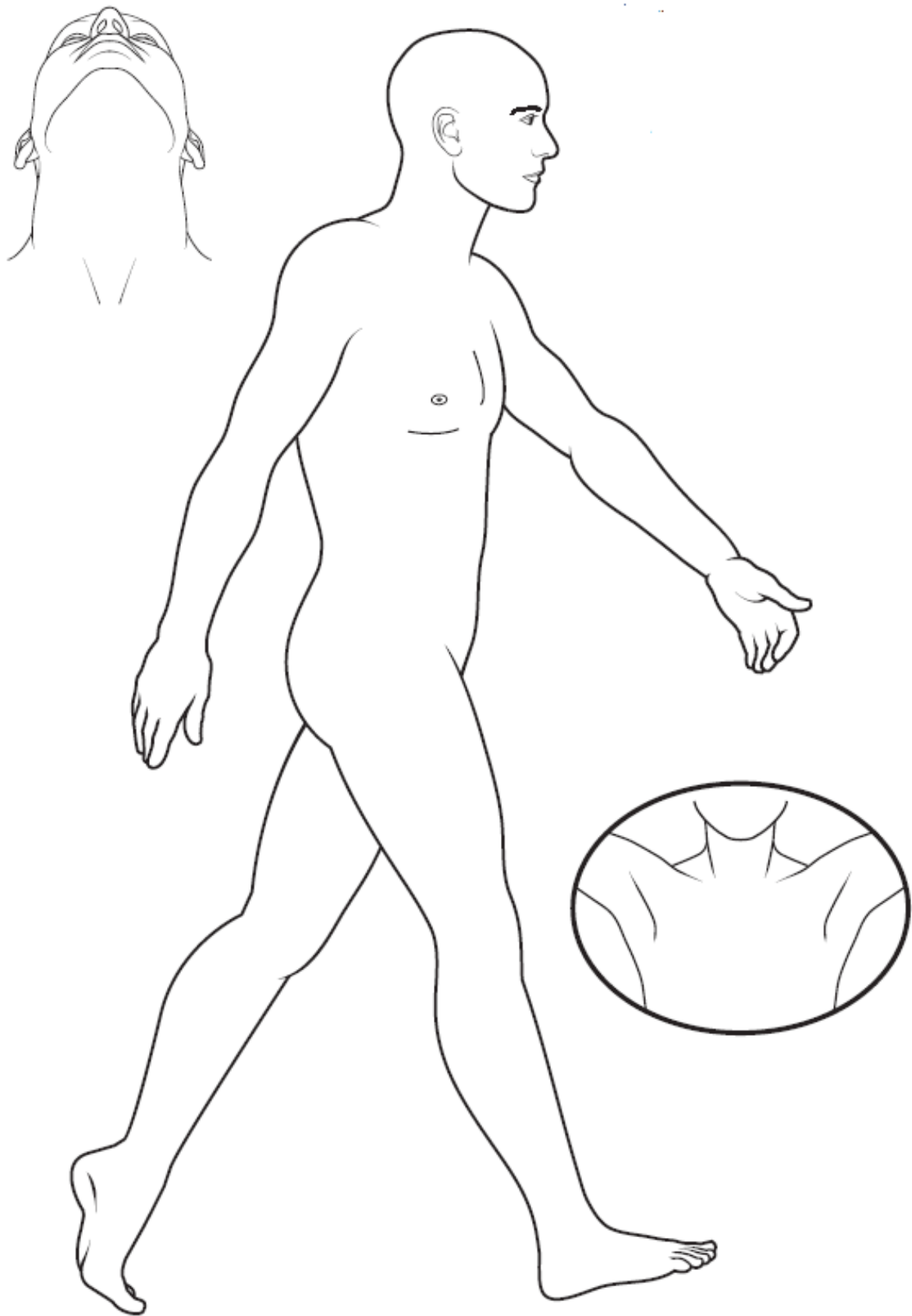
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Date:	
Exhibit No:	



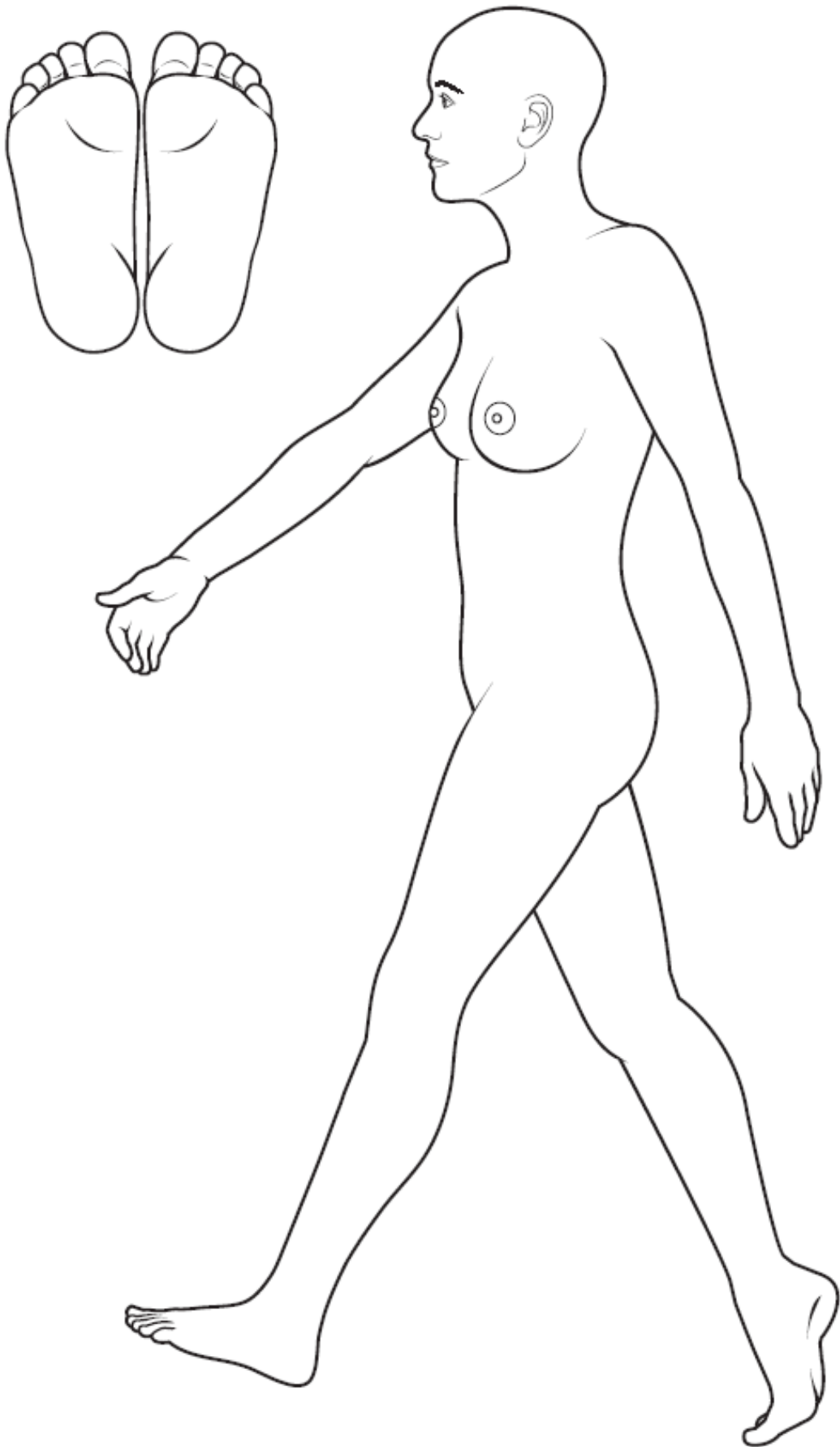
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Date:	
Exhibit No:	



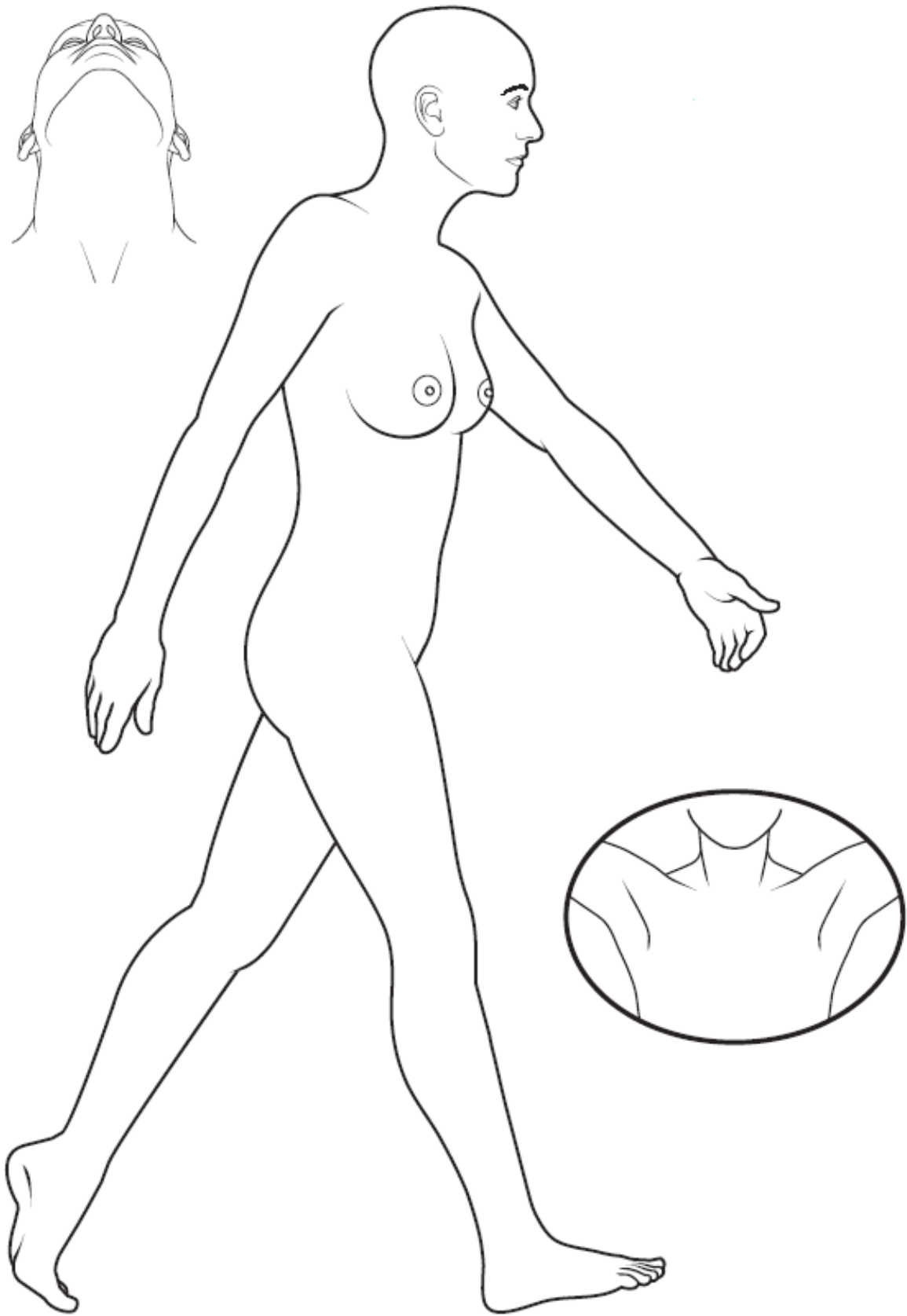
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Date:	
Exhibit No:	



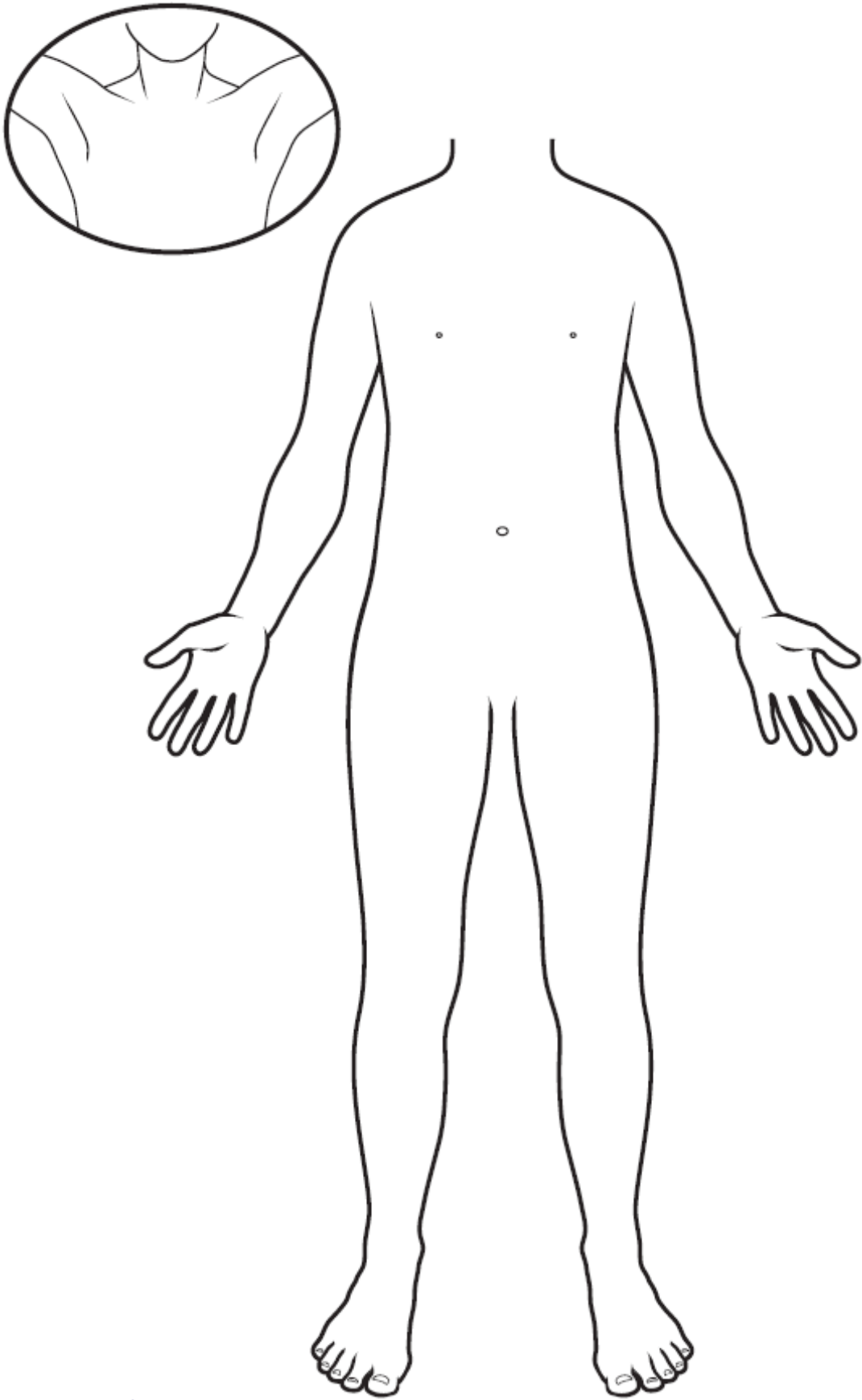
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Date:	
Exhibit No:	



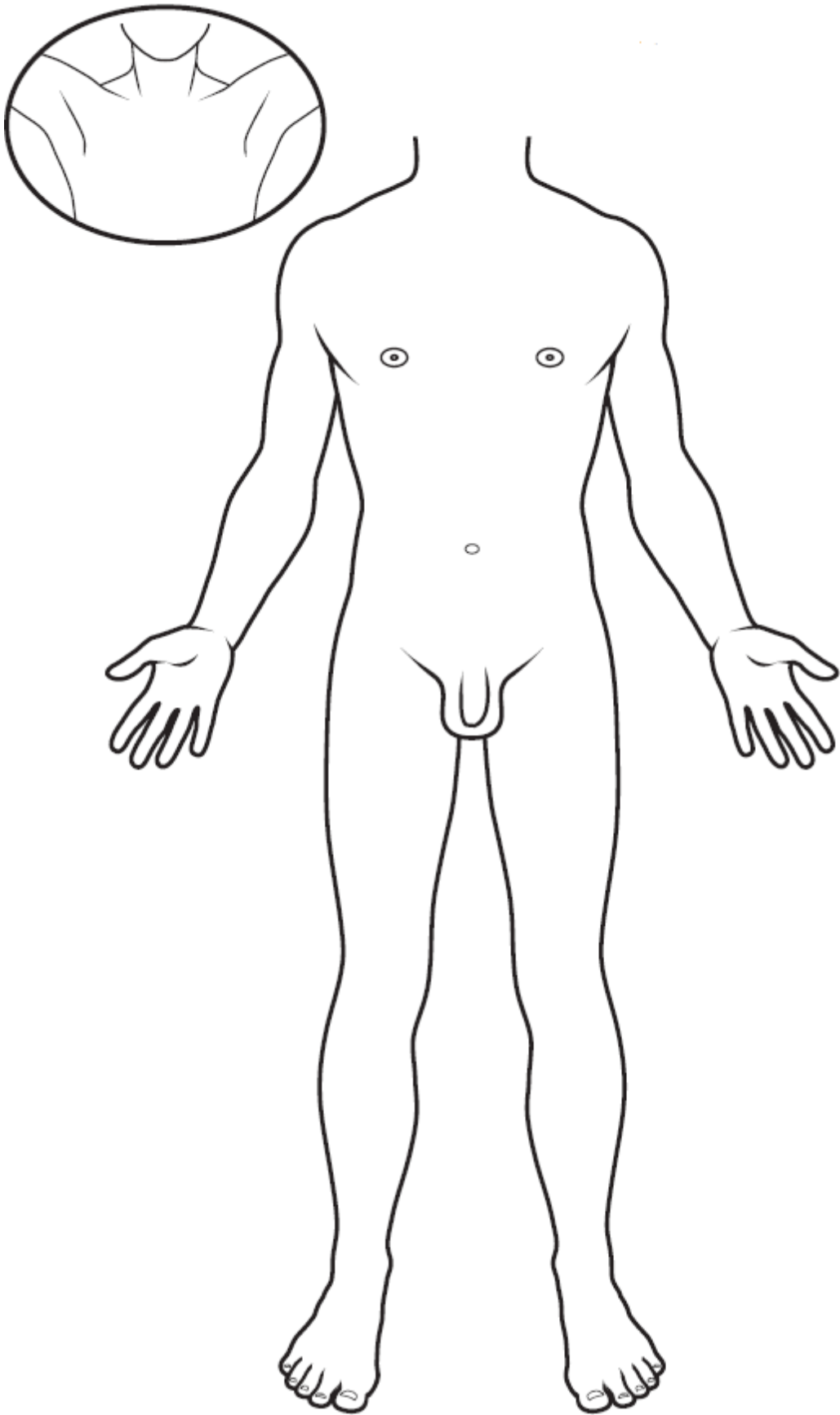
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Examiner's name <i>and</i> Regulatory No:	

Date:	
Exhibit No:	



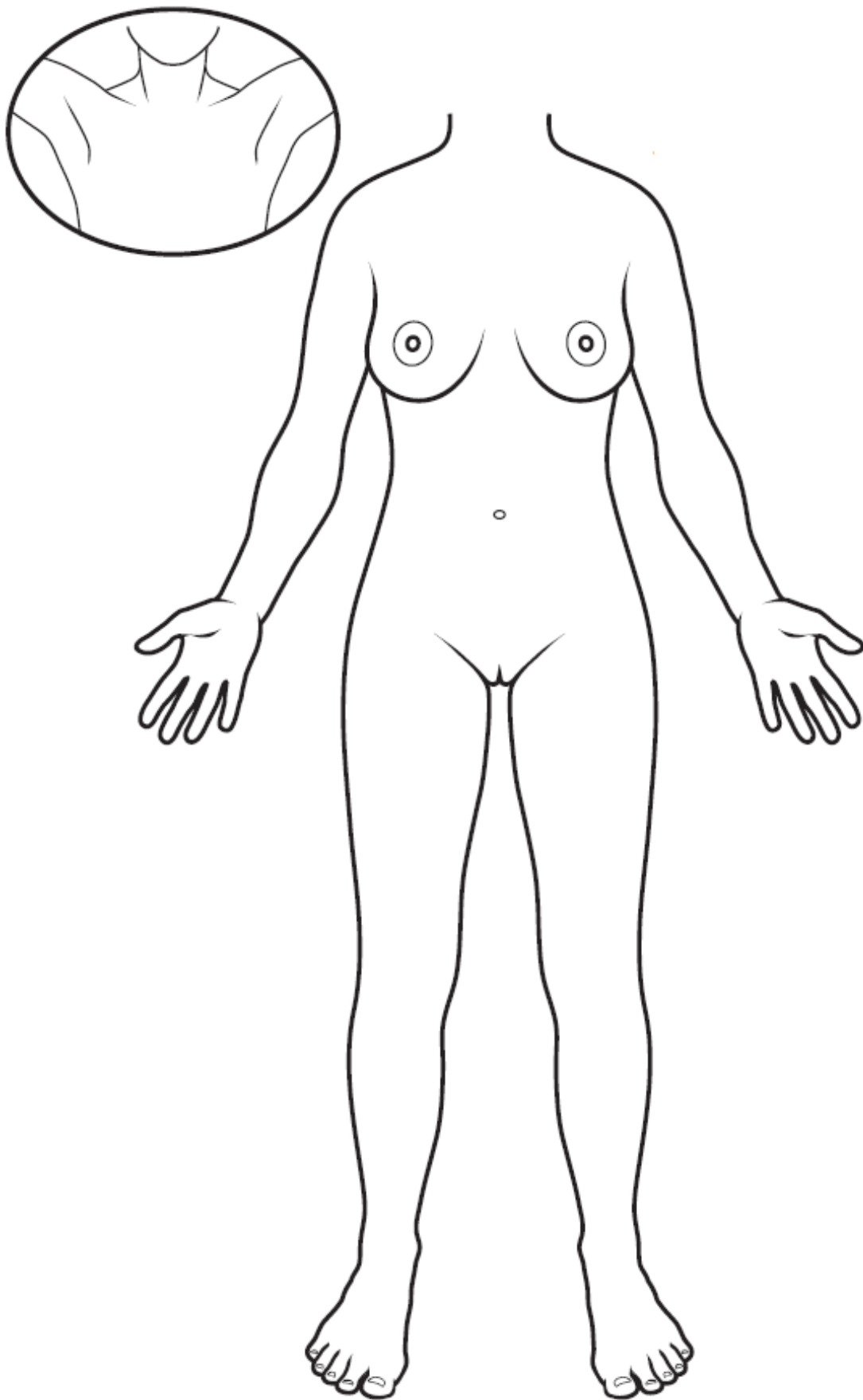
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Date:	
Exhibit No:	



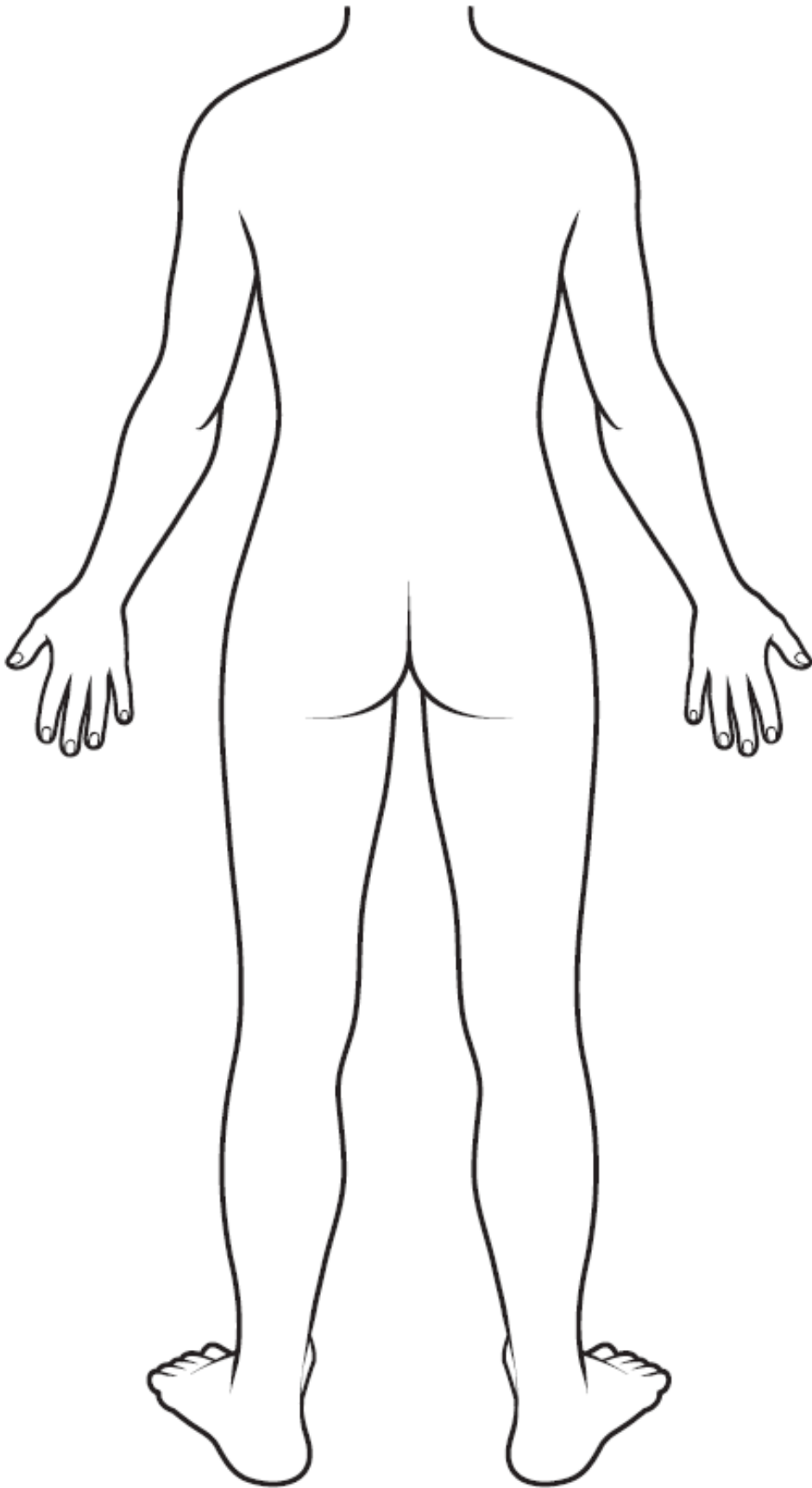
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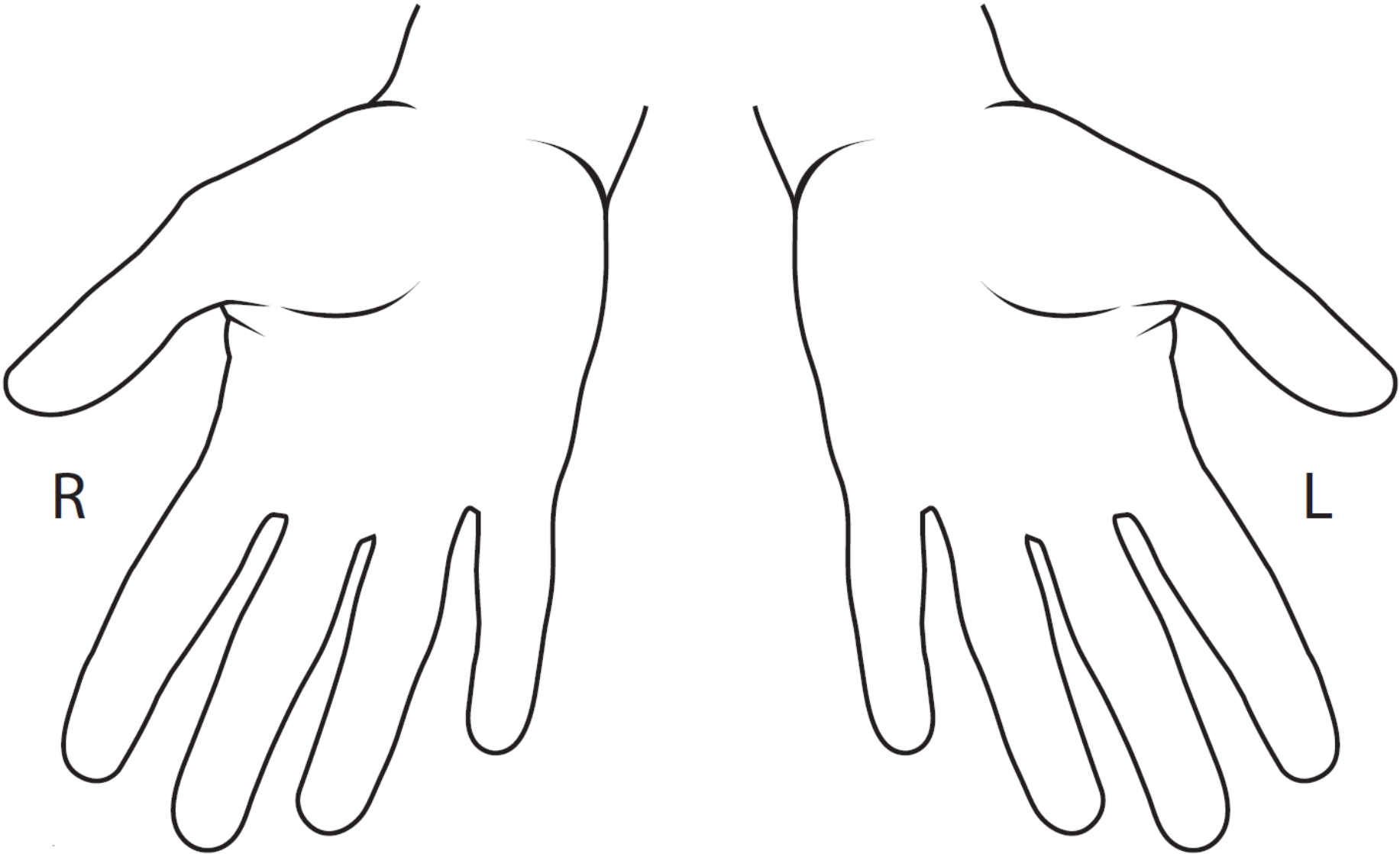


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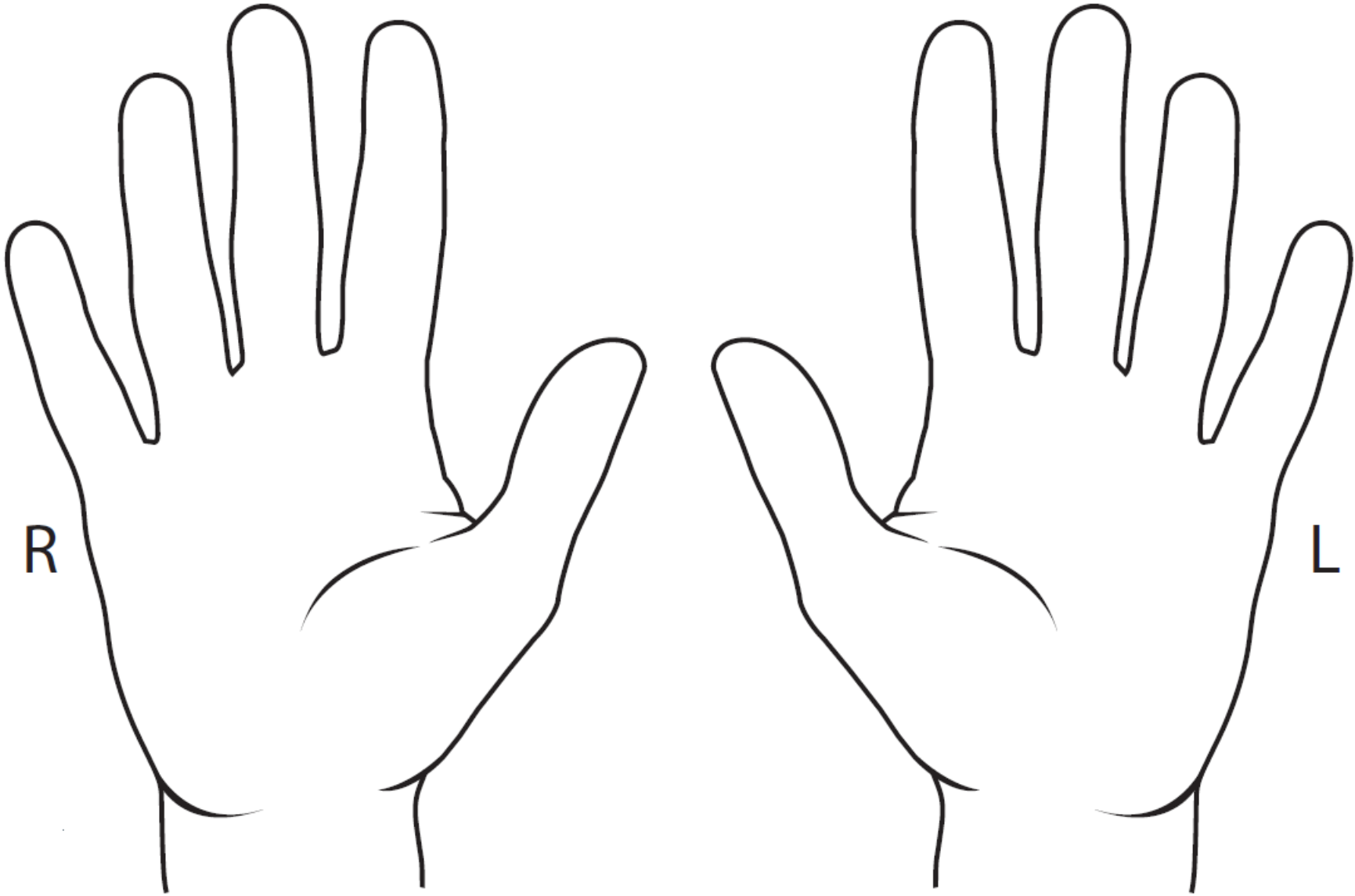
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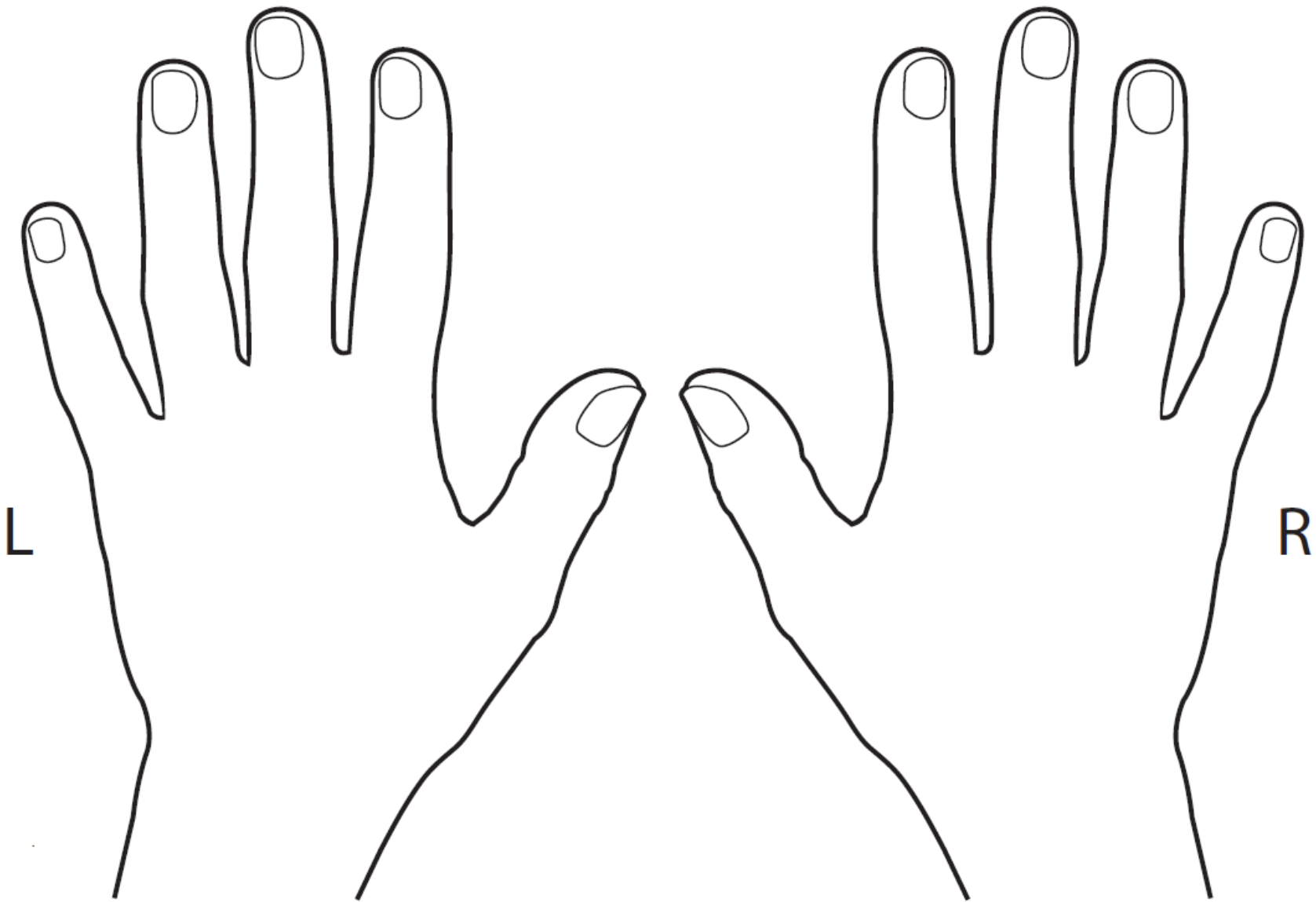
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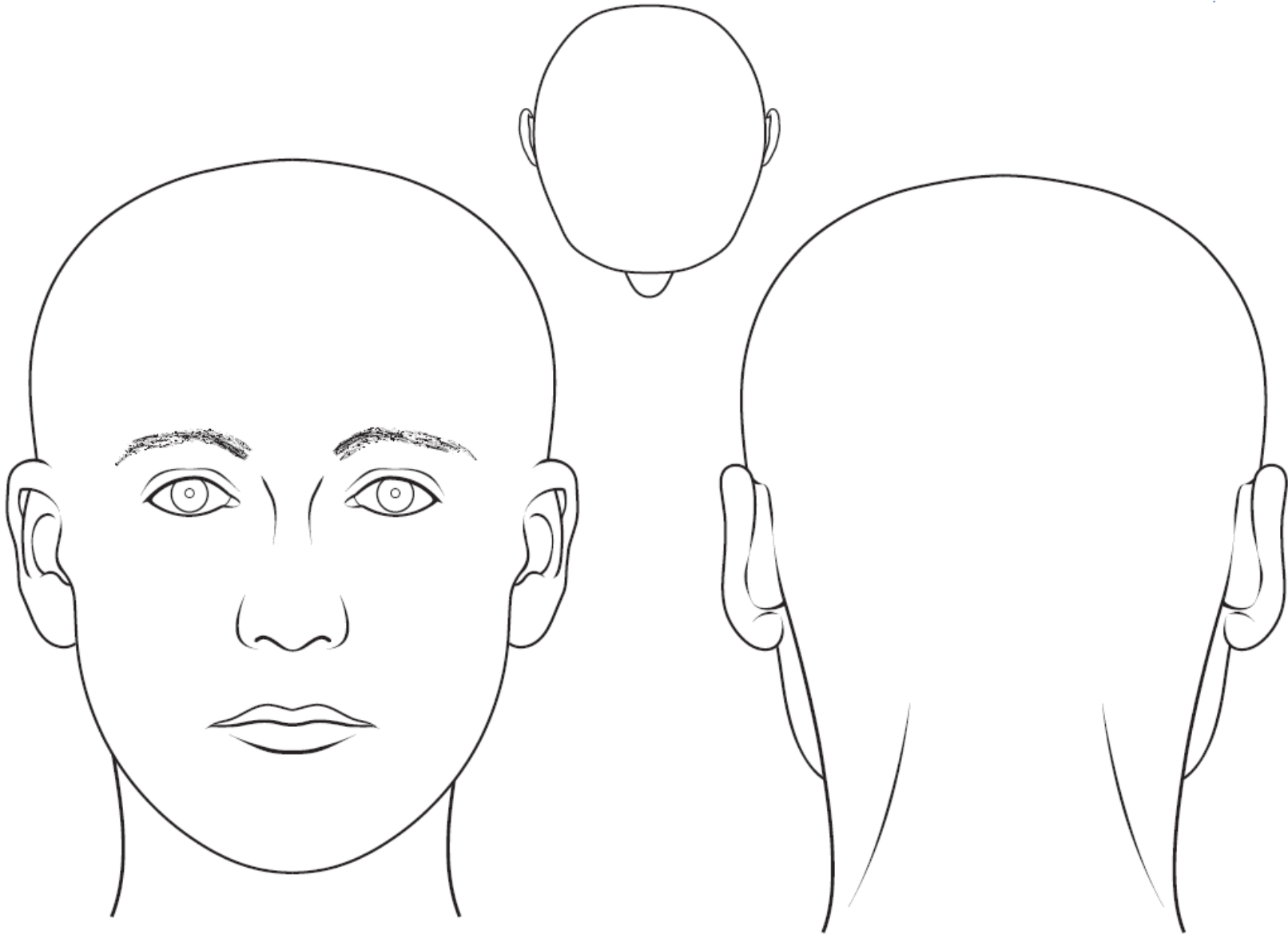
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Patient's name <i>and/or</i> Unique Ref of ID No:		Date:	
Examiner's name <i>and</i> Regulatory No:		Exhibit No:	



Patient's name <i>and/or</i> Unique Ref of ID No:		Date:	
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