

Filed within 1st spine



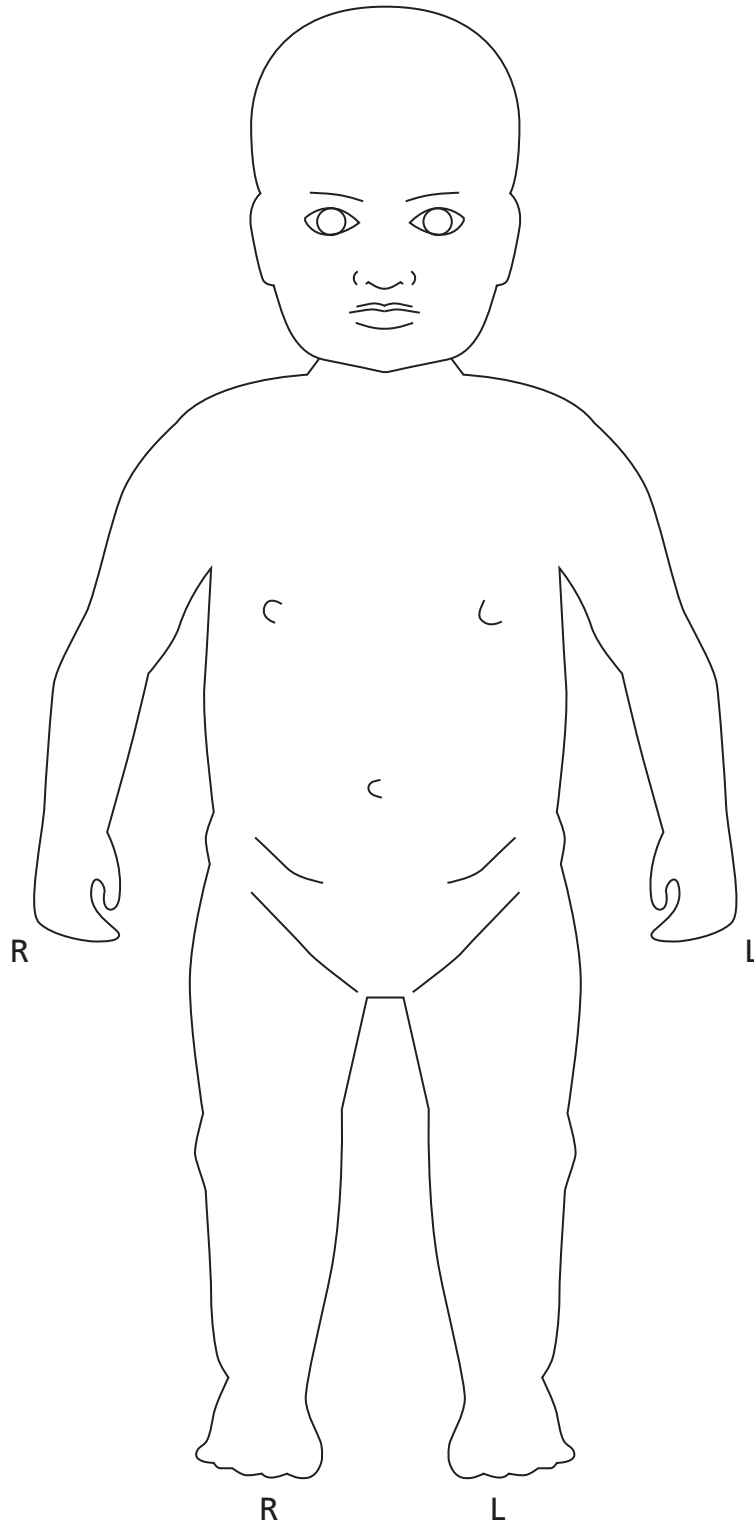
Royal Cornwall Hospitals
NHS Trust

NHS number:
Name of patient:
Address:
Date of birth:
CR number:

AFFIX PATIENT LABEL

Skin Map. 1A
0-5 Yrs

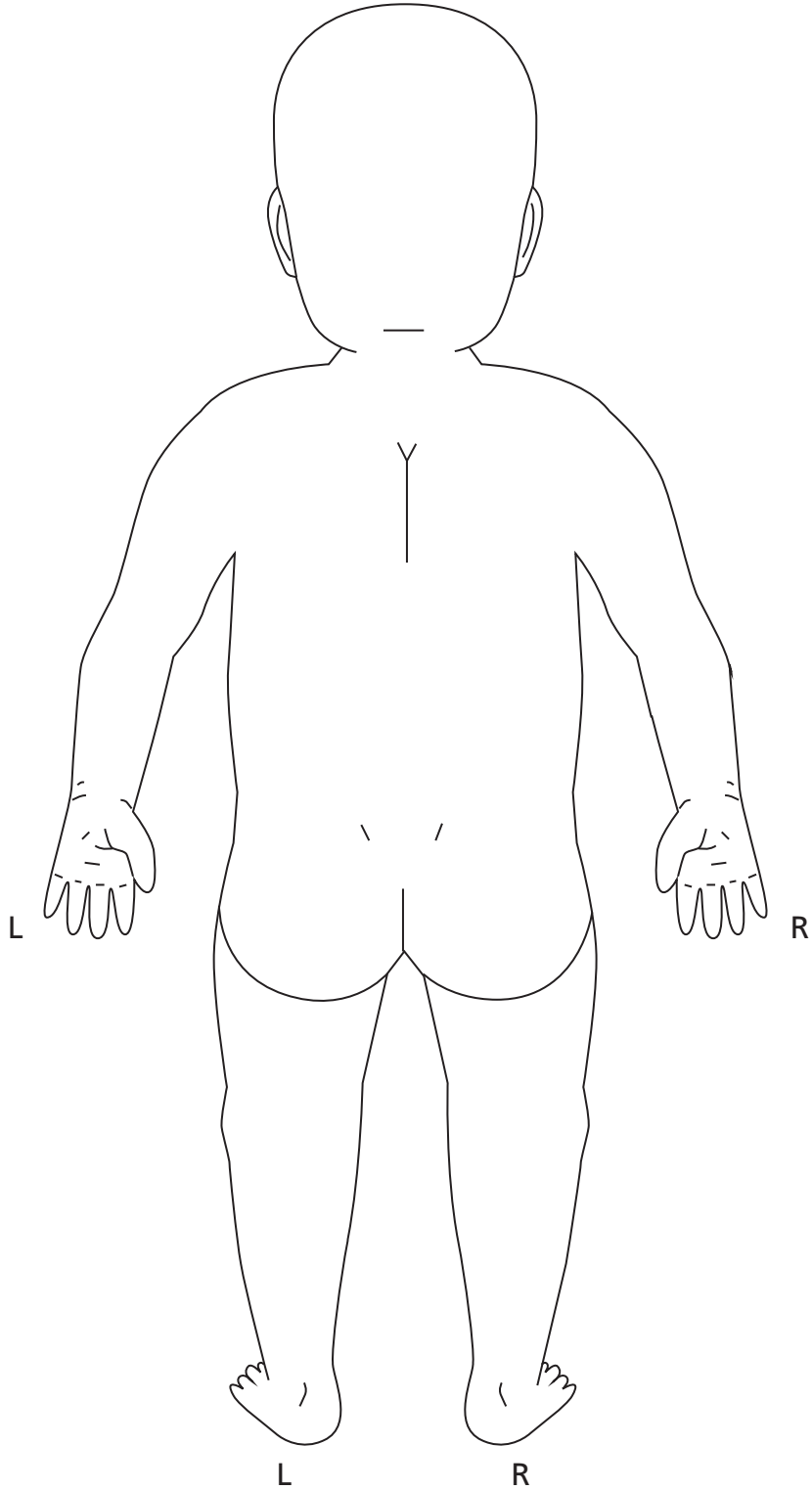
Name of person completing form: Date:



affix patient label

Skin Map. 1B
0-5 Yrs

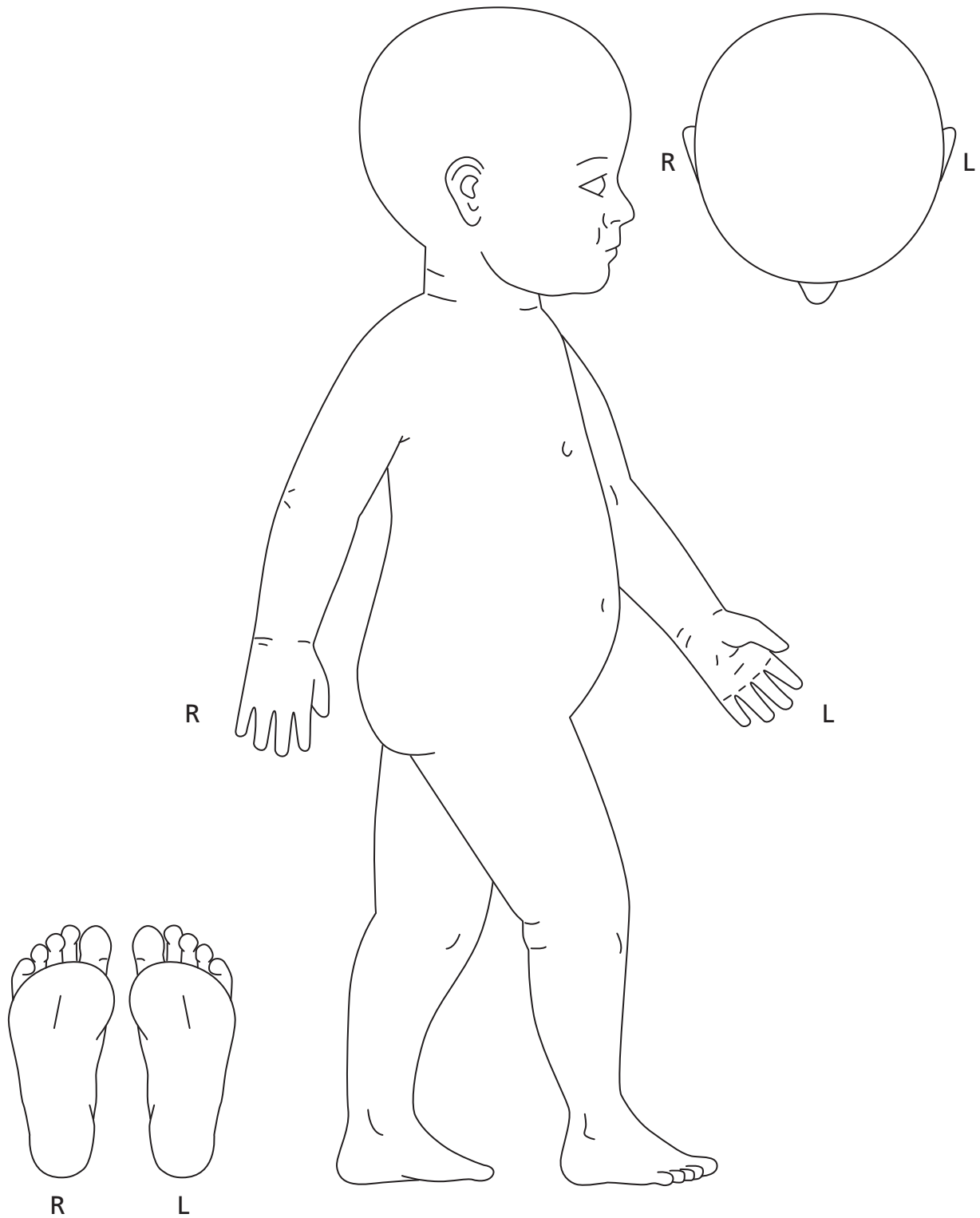
Name of person completing form: Date:



affix patient label

Skin Map. 1C 0-5 Yrs

Name of person completing form: Date:



affix patient label

Skin Map. 1D 0-5 Yrs

Name of person completing form: Date:

