

Filed within 1st spine



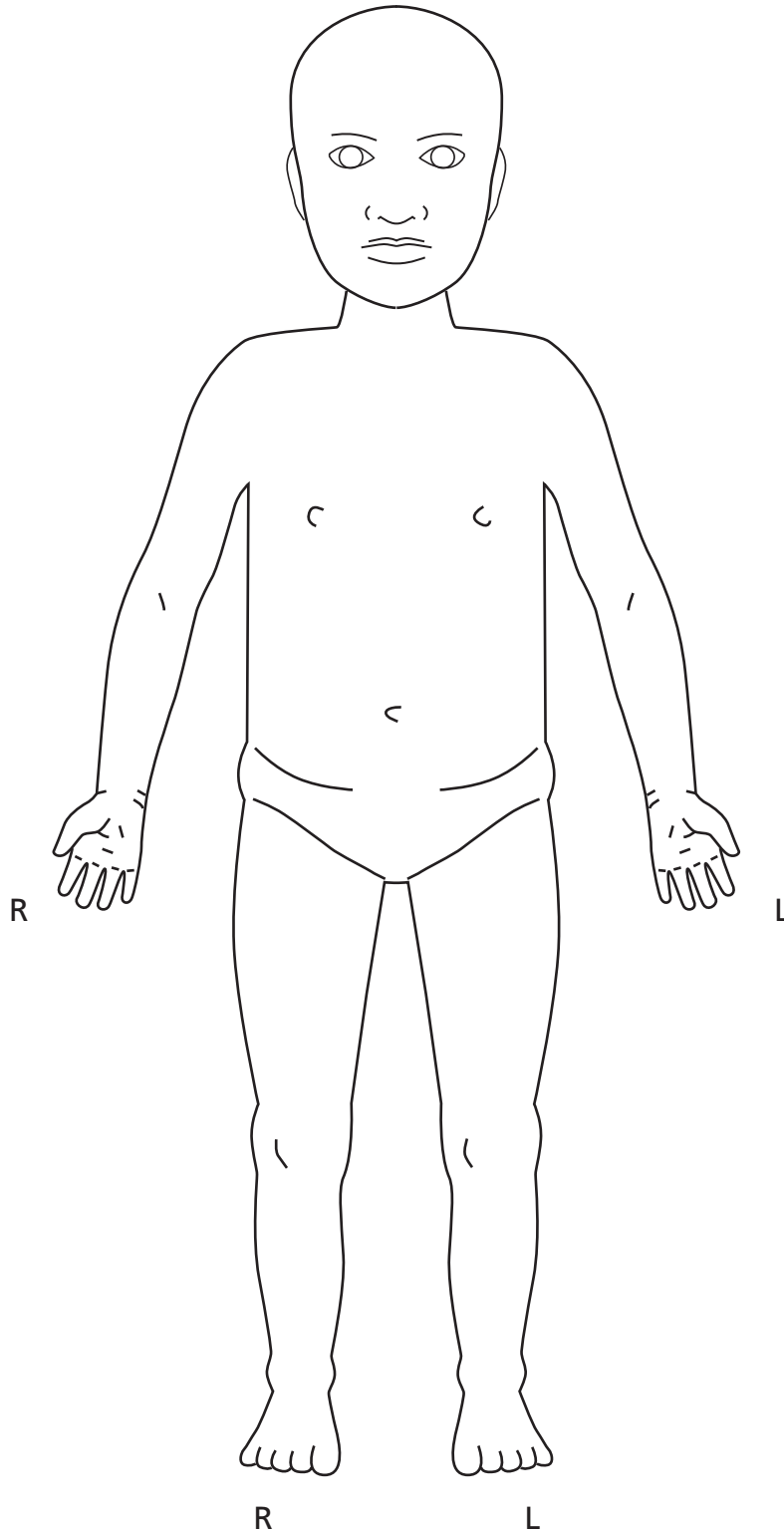
Royal Cornwall Hospitals
NHS Trust

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

AFFIX PATIENT LABEL

Skin Map. 1A
5-11 Yrs

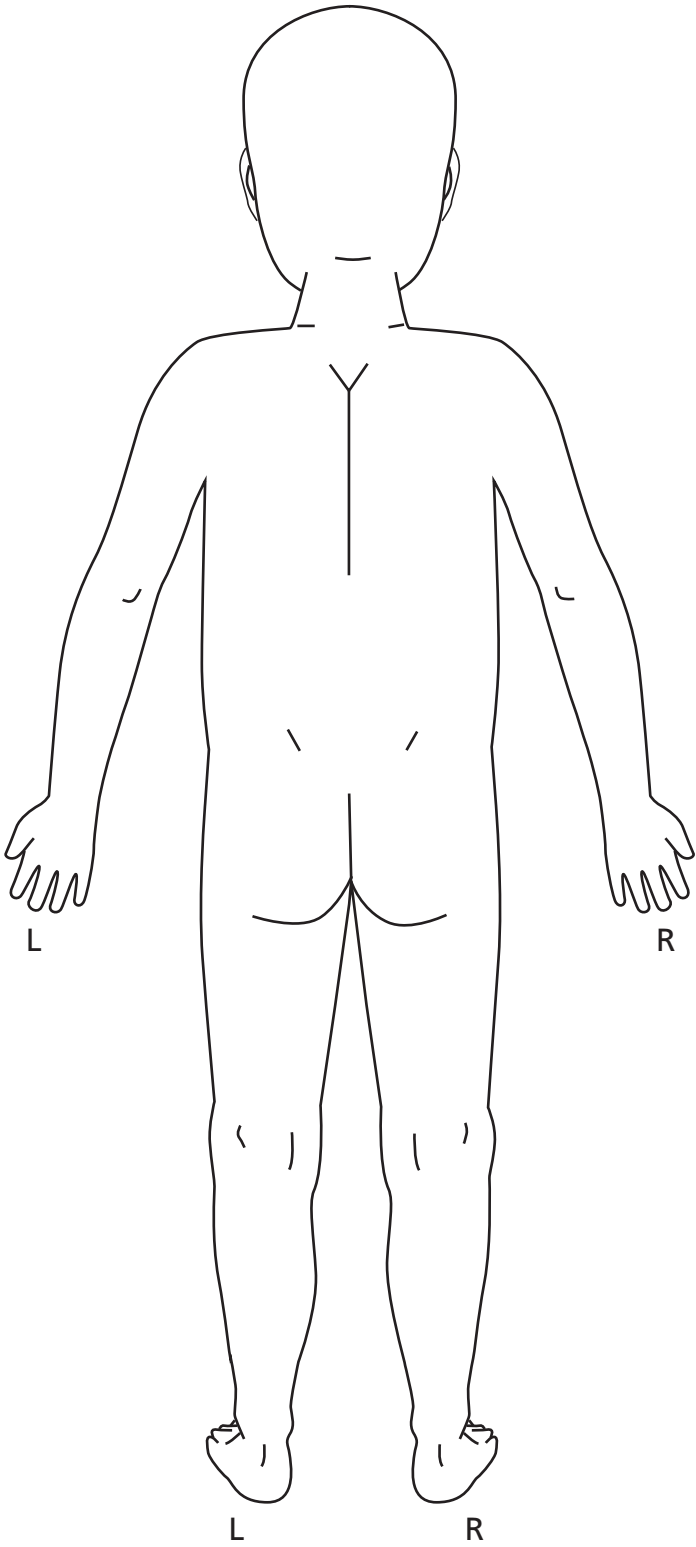
Name of person completing form: Date:



affix patient label

Skin Map. 1B
5-11 Yrs

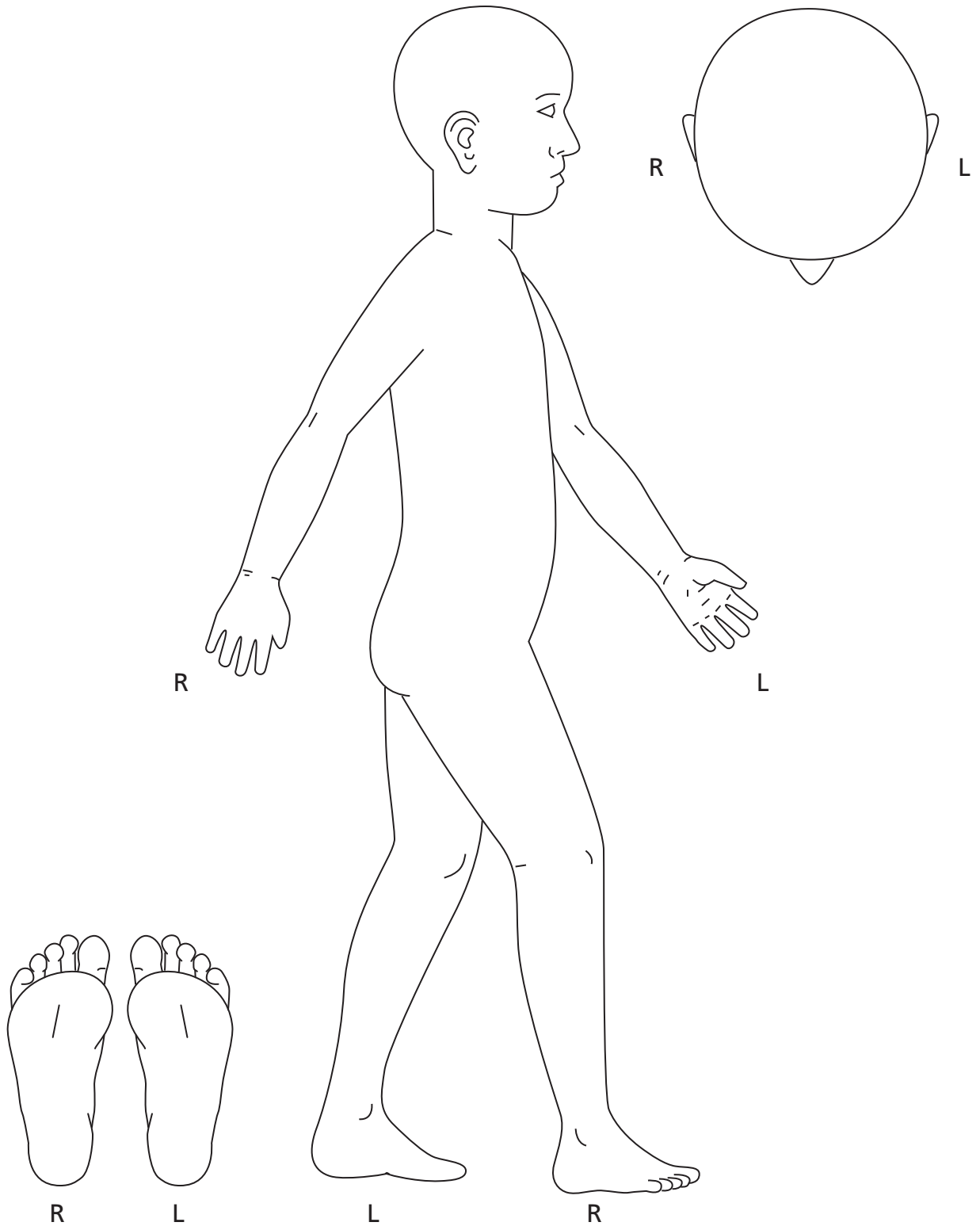
Name of person completing form: Date:



affix patient label

Skin Map. 1C 5-11 Yrs

Name of person completing form: Date:



affix patient label

Skin Map. 1D
5-11 Yrs

Name of person completing form: Date:

