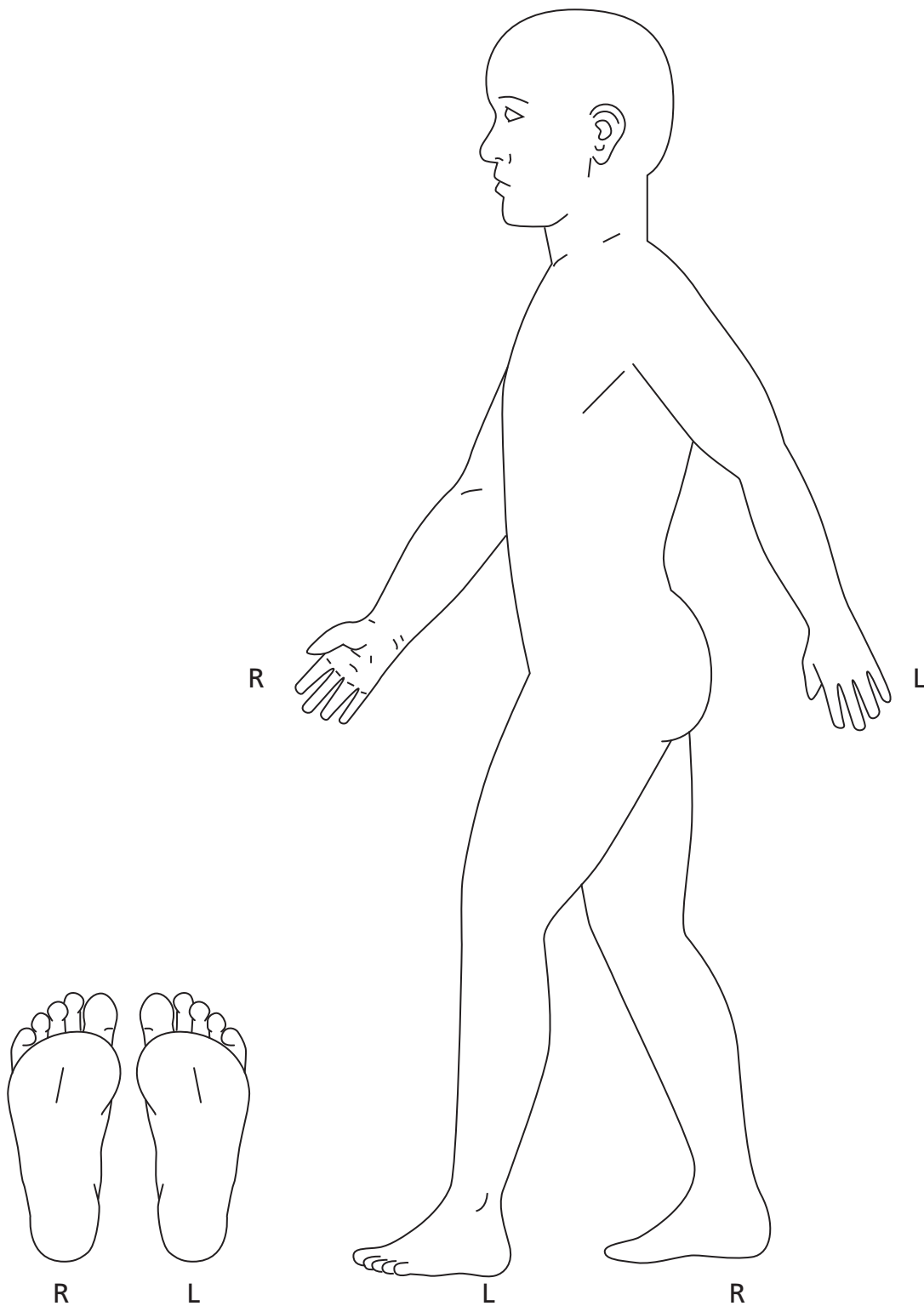


affix patient label

Skin Map. 1D  
**11-18 Yrs**

Name of person completing form: ..... Date: .....



Filed within 1st spine



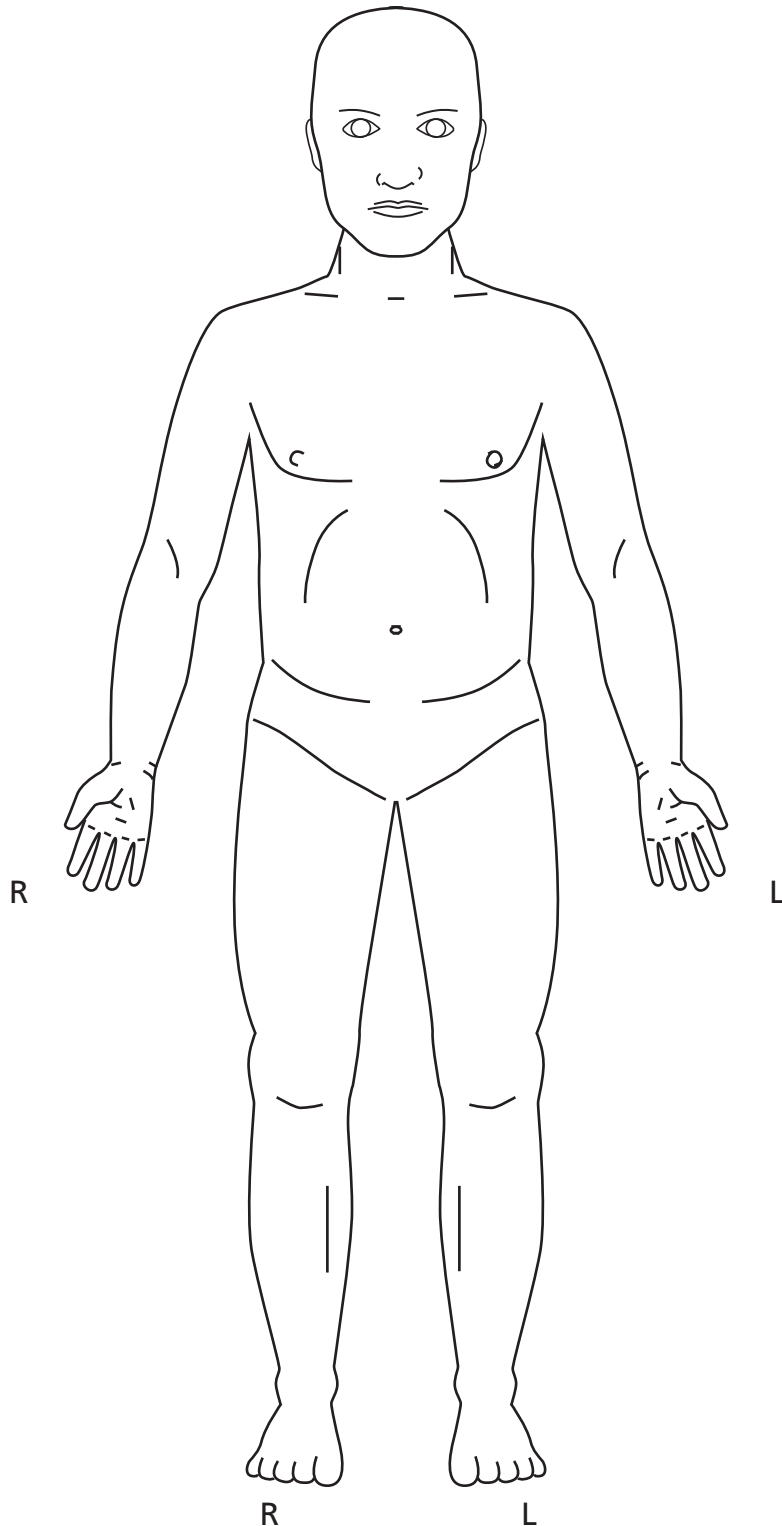
Royal Cornwall Hospitals  
NHS Trust

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

AFFIX PATIENT LABEL

Skin Map. 1A  
**11-18 Yrs**

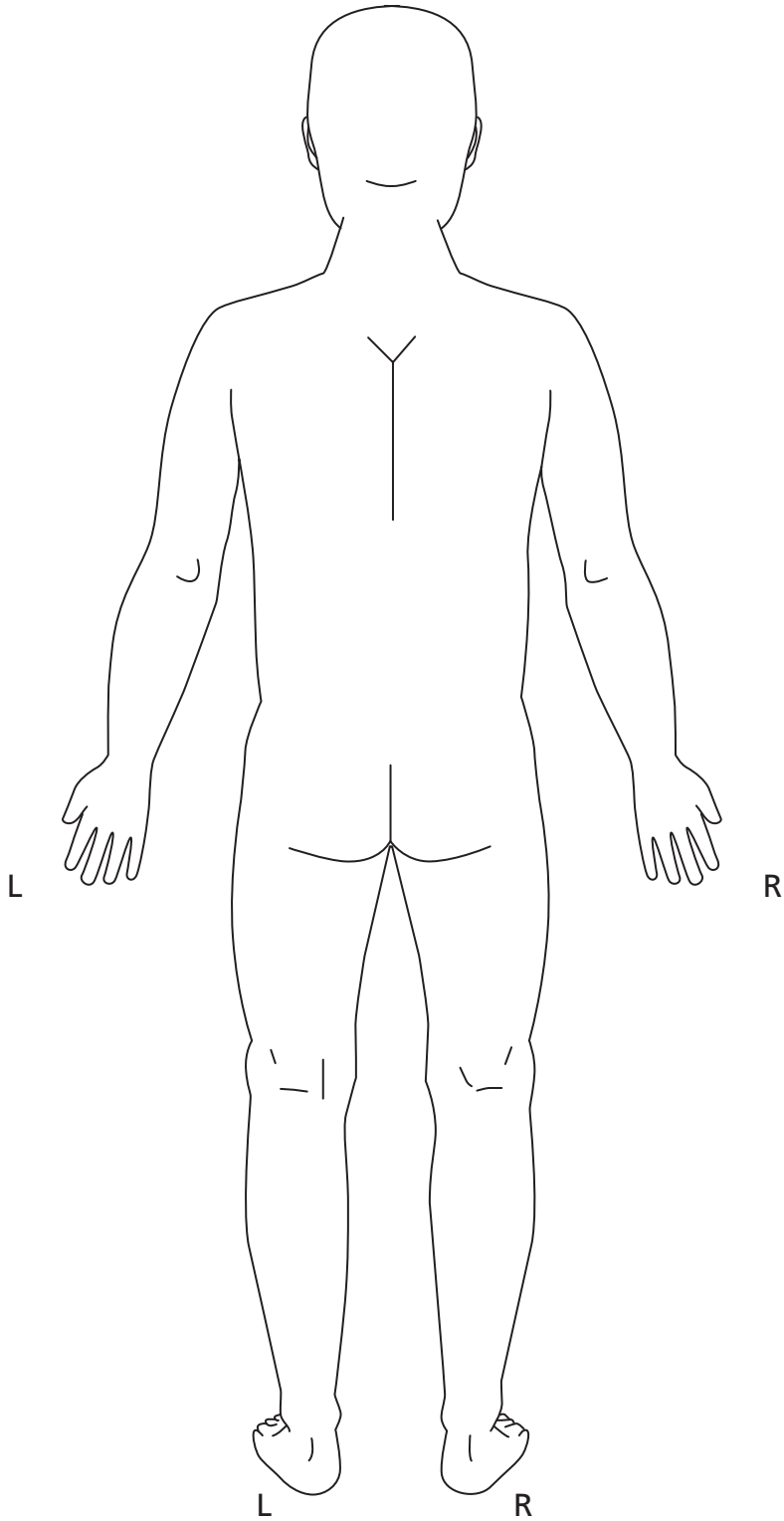
Name of person completing form: ..... Date: .....



*affix patient label*

**Skin Map. 1B**  
**11-18 Yrs**

Name of person completing form: ..... Date: .....



affix patient label

# Skin Map. 1C 11-18 Yrs

Name of person completing form: ..... Date: .....

