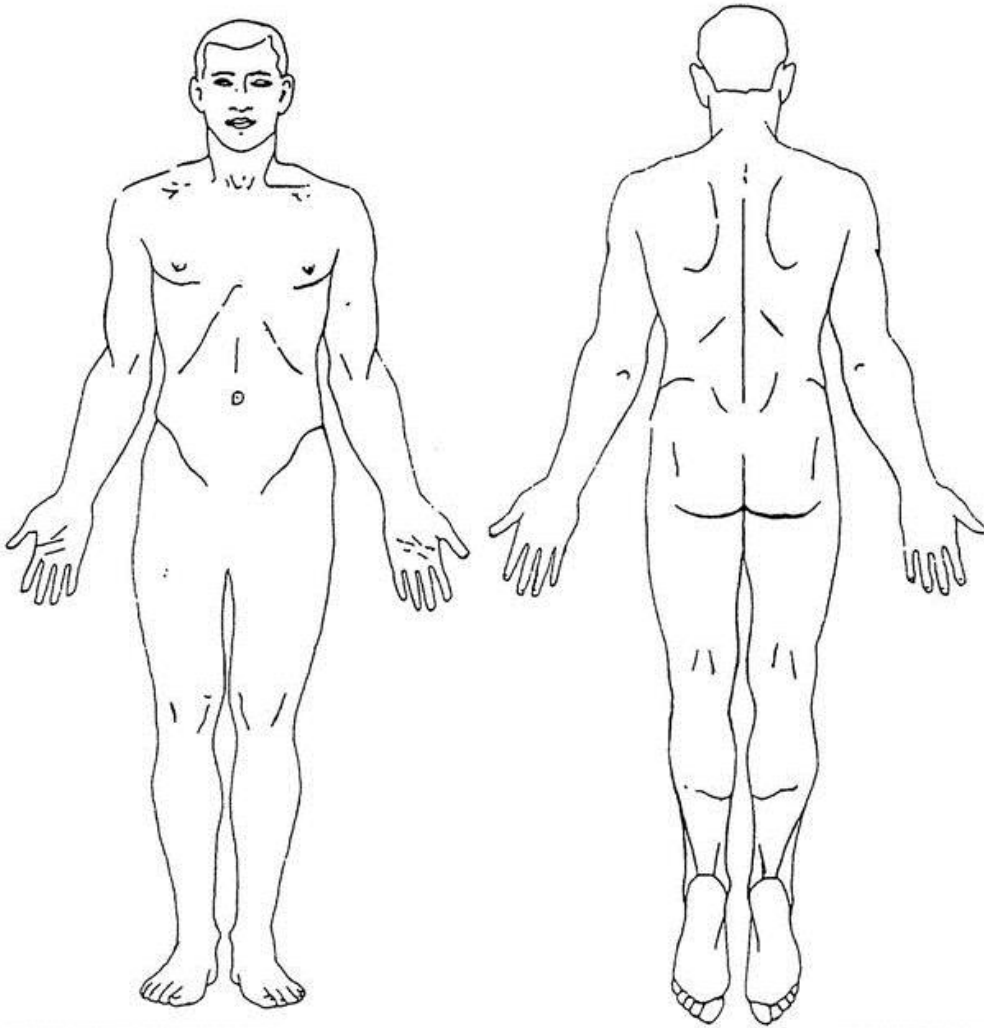


# Bodily Injury Chart

Member's name \_\_\_\_\_ Date \_\_\_\_\_

## Circle Area Of Injury



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FO Form SMD (Rev. 1/91)

### Description of Injury:


\_\_\_\_\_  
Provider Signature