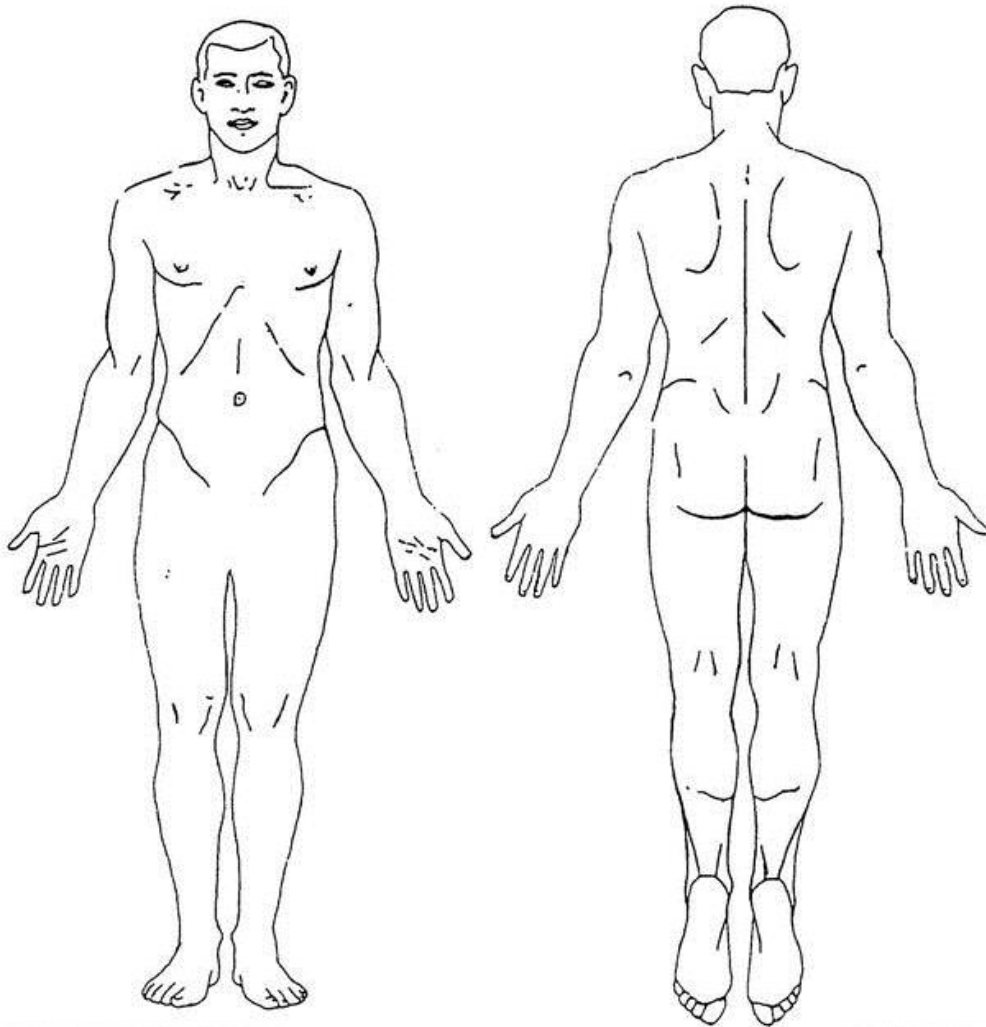




Bodily Injury Chart

Member Name _____ Date _____

Circle Area of Injury



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FO Form SMD (Rev. 1/91)

Description of Injury:

Provider Signature

Print Providers Name