Bodily Injury Chart

Member Name_____ **Date**_____

Circle Area of Injury
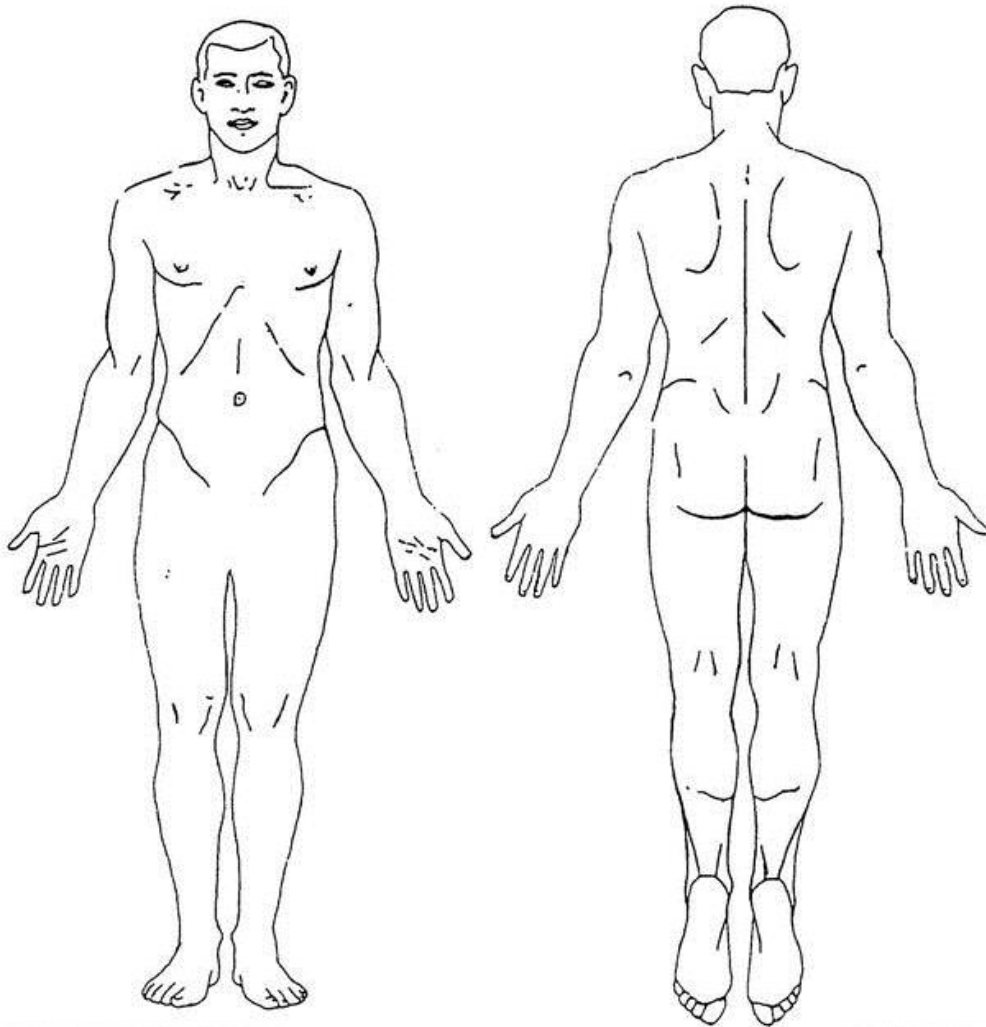
FO Form SMD (Rev. 1/91)

Description of Injury:

_____

Provider Signature   **Print Providers Name**