

Patient Name:

Hospital Number:

NHS Number:

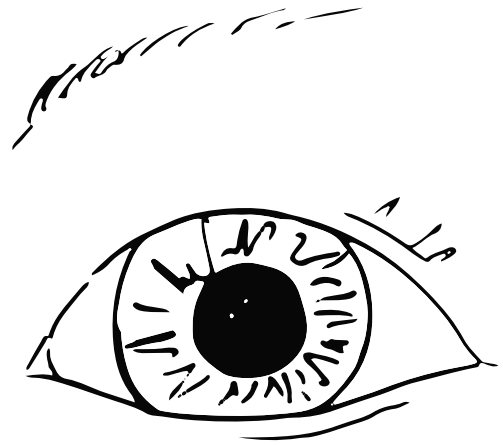
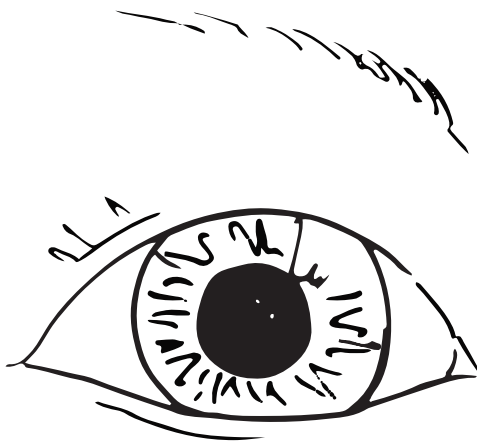
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Eyes



Patient Name:

Hospital Number:

NHS Number:

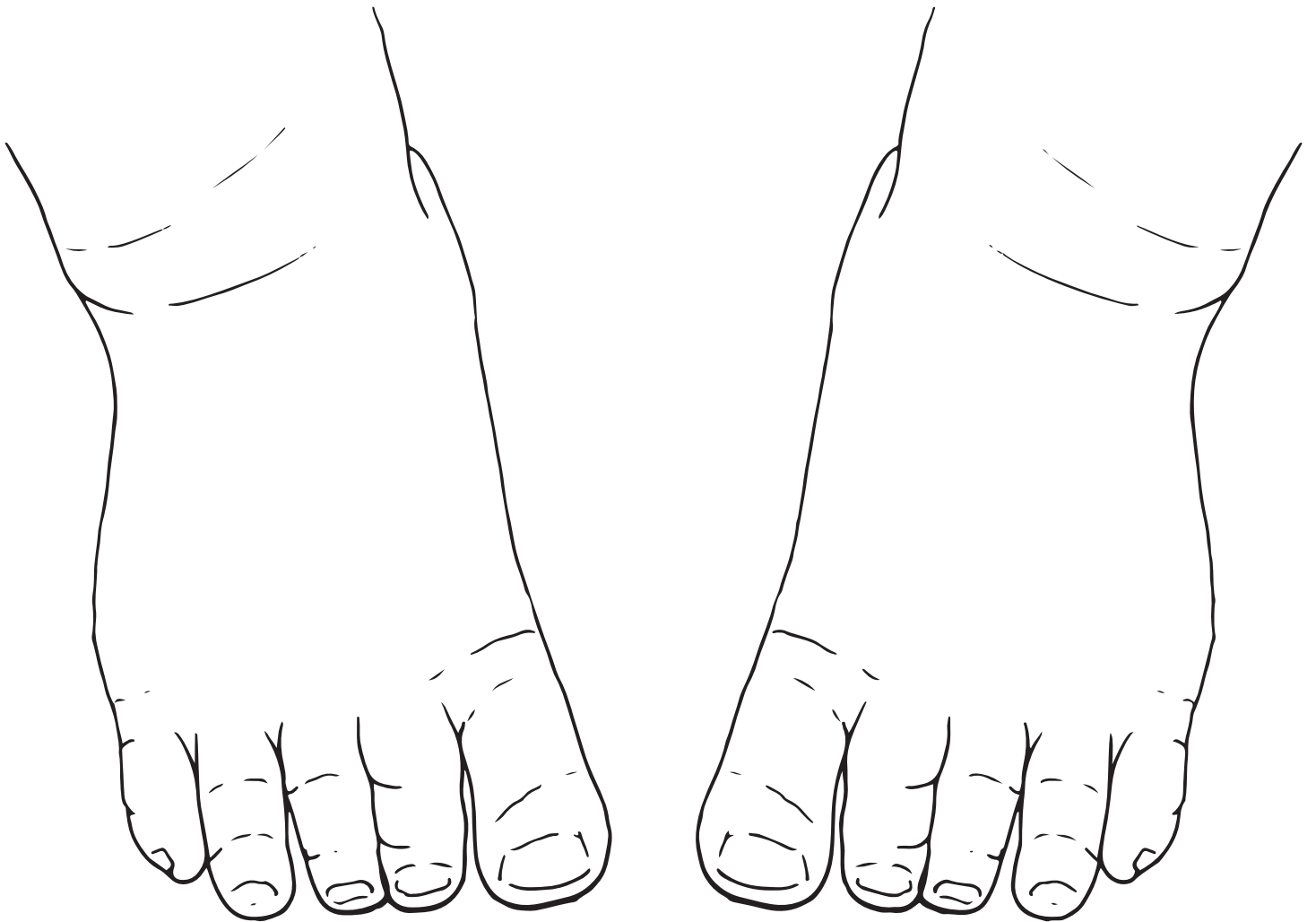
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Feet Dorsal



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Feet Plantar



Patient Name:

Hospital Number:

NHS Number:

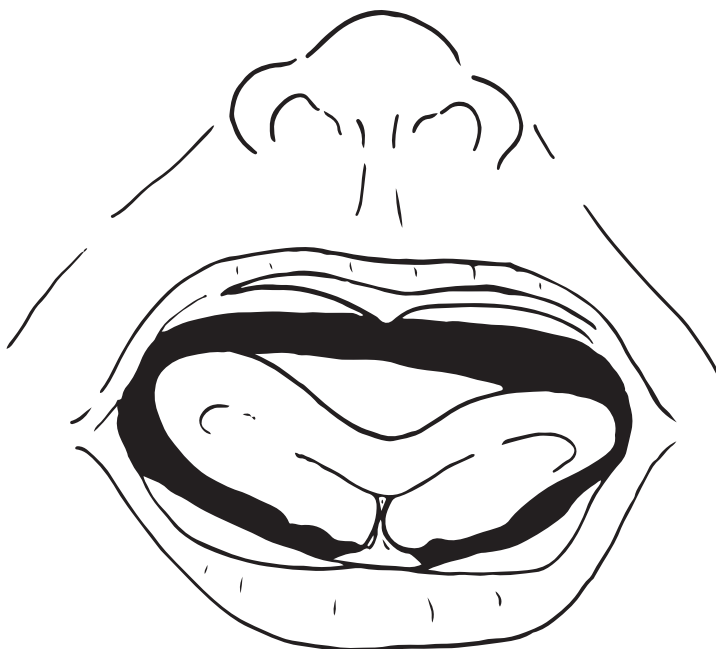
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Frenuli



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

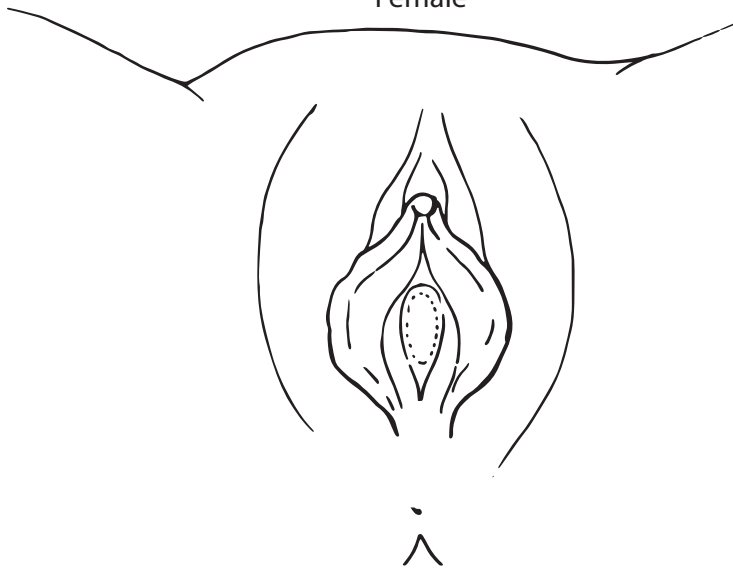
Date of Examination:

Examiner:

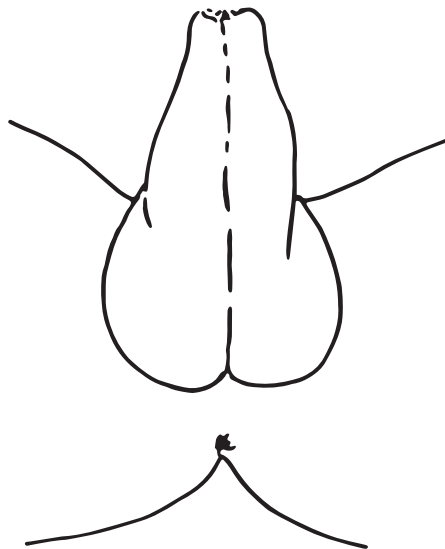
Examiner registration number:

## Genitalia

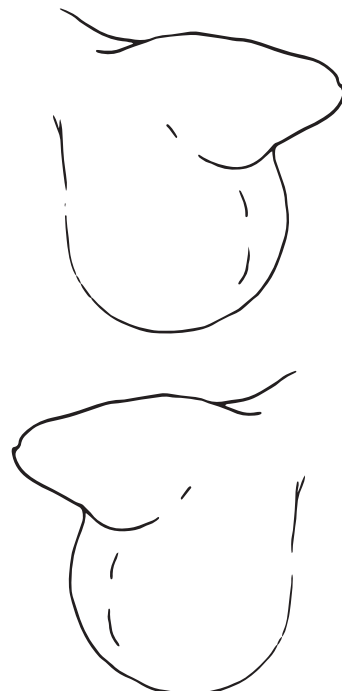
Female



Male - Ventral



Male - Lateral



Patient Name:

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NHS Number:

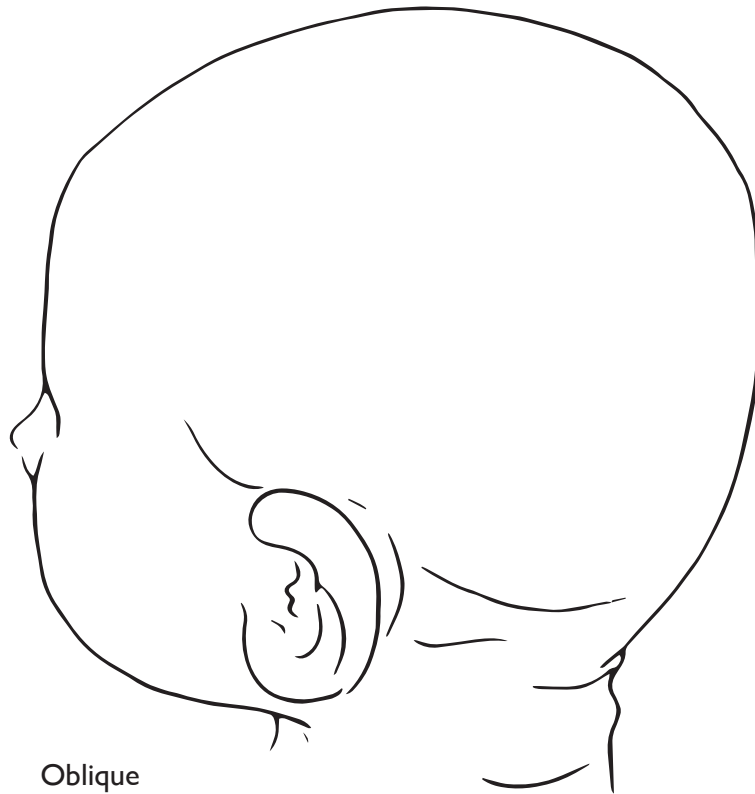
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

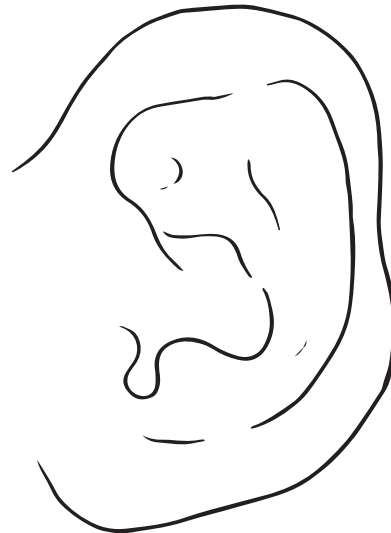
## Left Ear



Oblique



Posterior



Lateral

Patient Name:

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NHS Number:

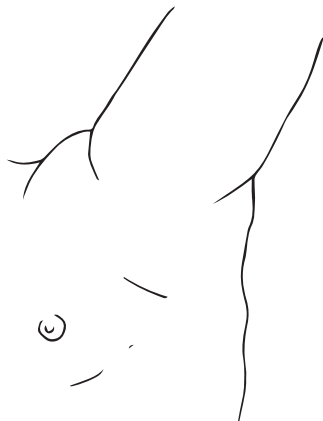
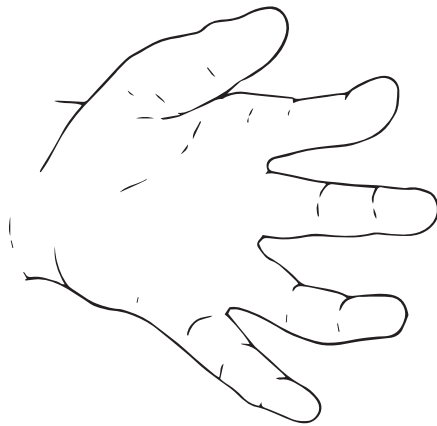
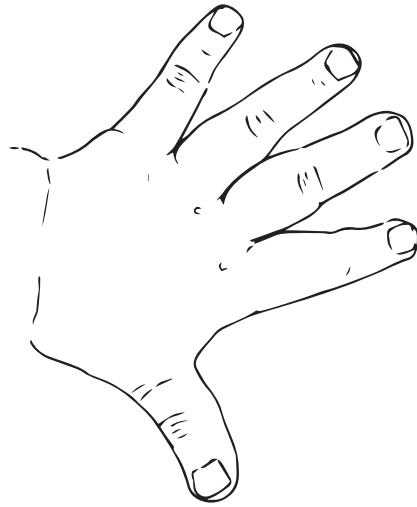
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Left Hand and Axilla



Patient Name:

Hospital Number:

NHS Number:

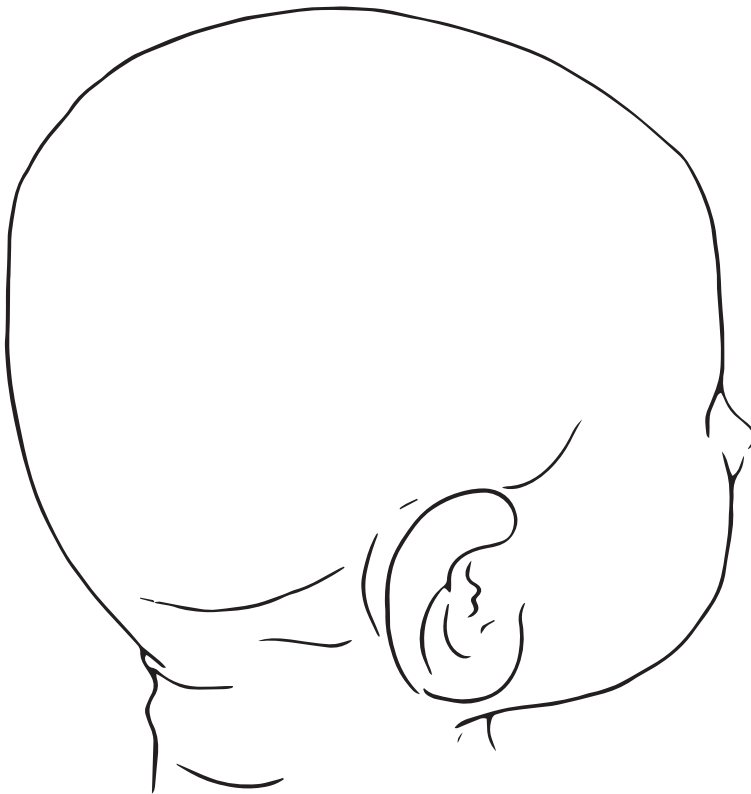
Date of Birth:

Date of Examination:

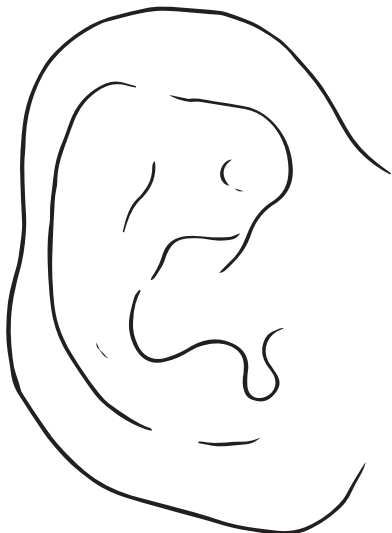
Examiner:

Examiner registration number:

## Right Ear



Oblique



Lateral



Posterior



Patient Name:

Hospital Number:

NHS Number:

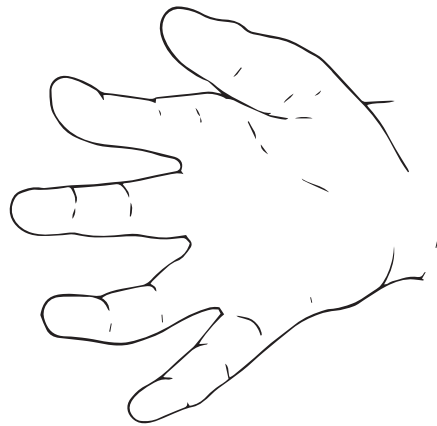
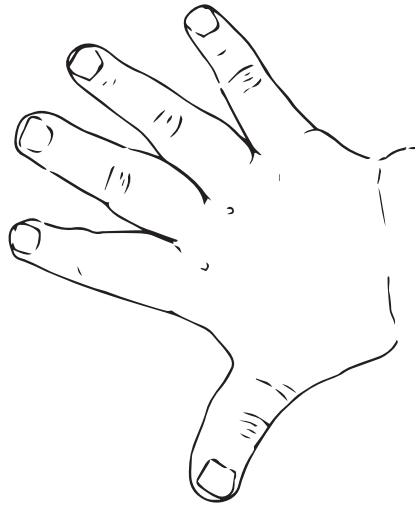
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Right Hand and Axilla



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

## Scalp Skyline

