Amputation Chart

Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

The boxes to the right are for the use of the insurer	Reserved	VWC file number
	Insurer code	Insurer location
	Insurer claim number	

Employer

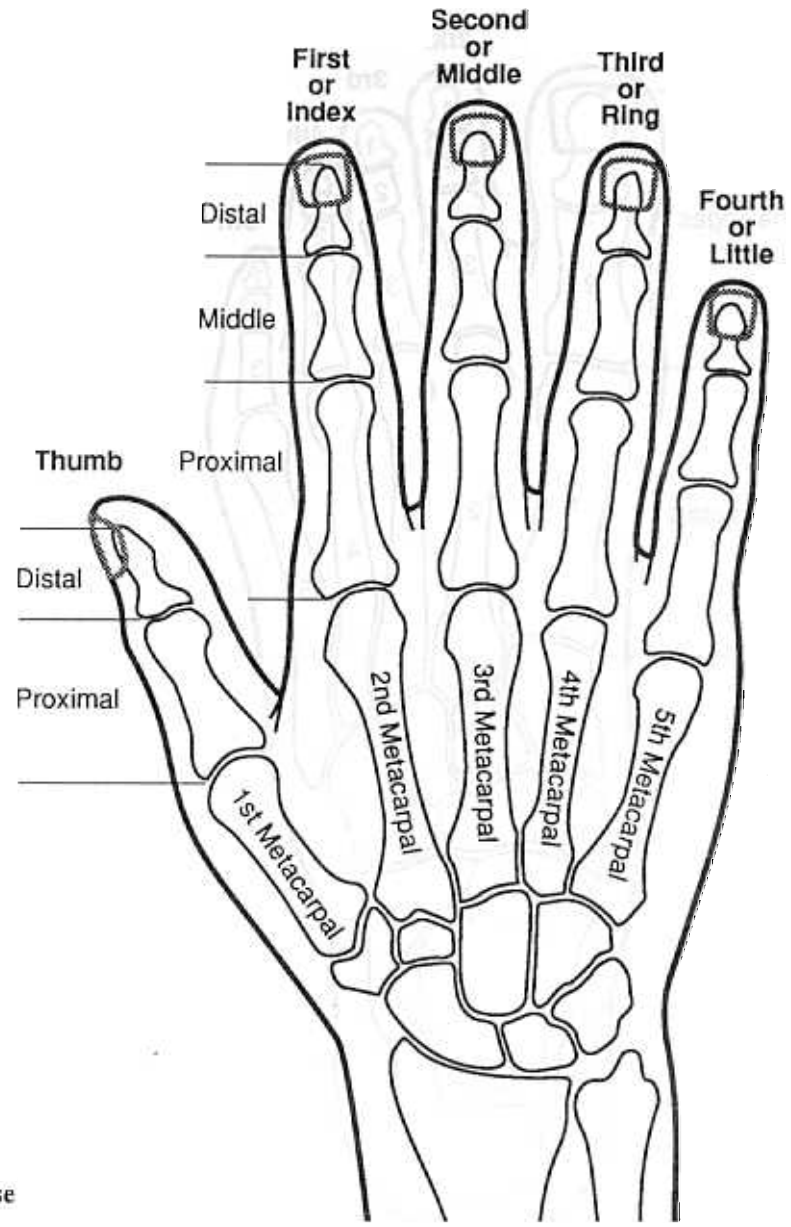
Name of employer	Date of accident	Date of amputation

Employee

Name of employee	Social Security Number

Which hand?

_____



See FOOT on reverse of this form

Signature

Chart marked by _____ **M.D.** **Date** _____, **19** ____

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Vrginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

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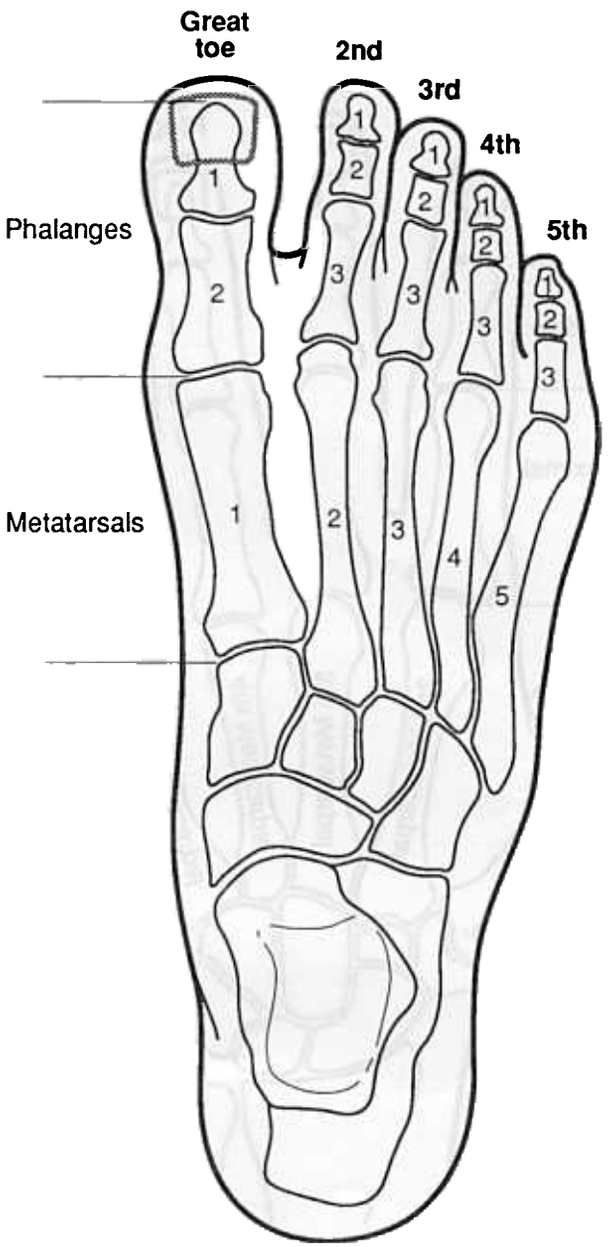
Employer		
Name of employer	Date of accident	Date of amputation

Employee	
Name of employee	Social Security Number

Which foot?



See HAND on reverse of this form

Signature	

Chart marked by _____ M.D. Date _____, 19 ___