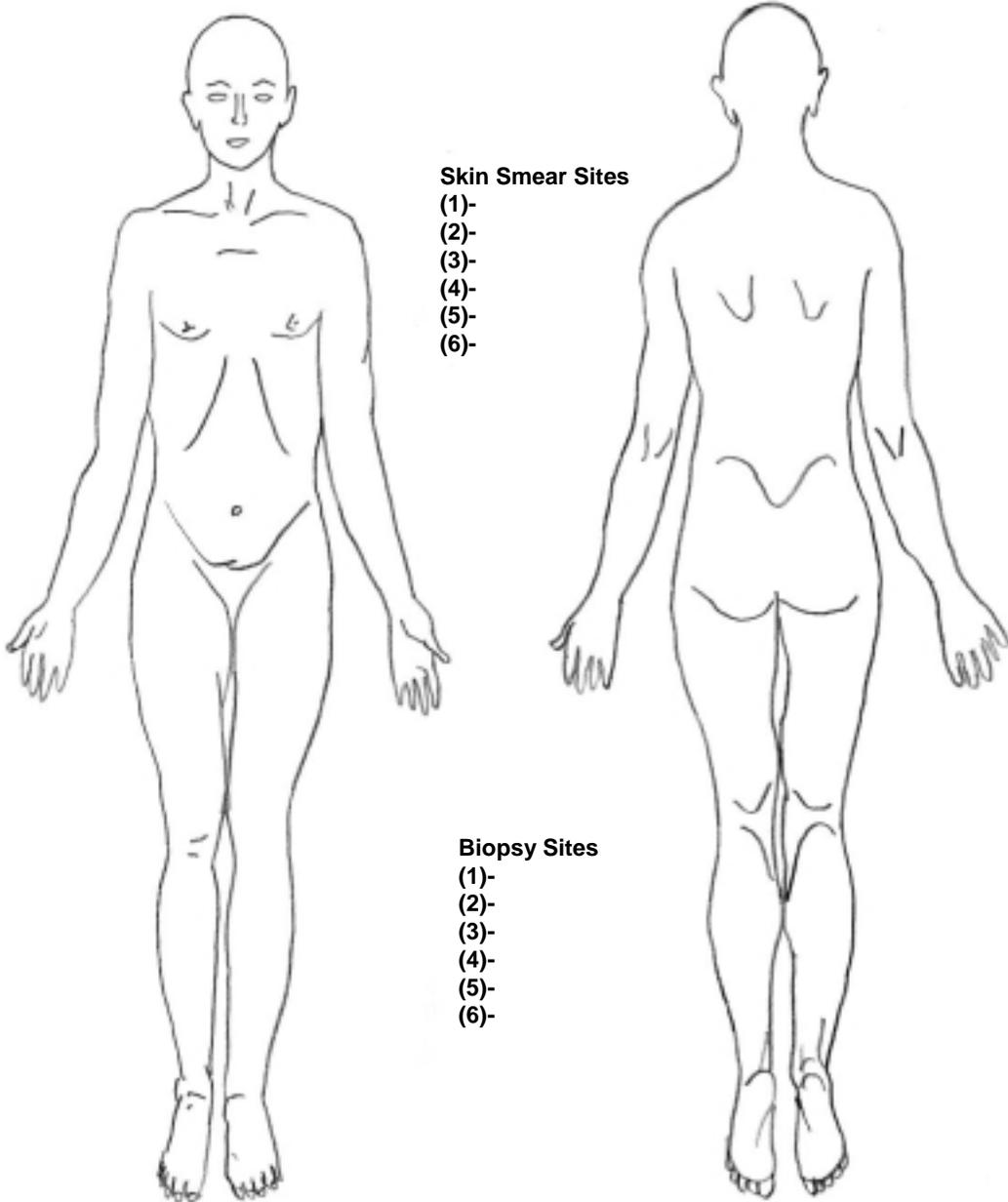


NATIONAL HANSEN'S DISEASE PROGRAMS		SKIN SMEAR / BIOPSY CHART	DATE:
Patient's Name (Last, First, Middle) _____			HD ID No:
Date of Birth: _____	Social Security No. _____	Phone results to: _____	



Skin Smear Sites

- (1)-
- (2)-
- (3)-
- (4)-
- (5)-
- (6)-

Biopsy Sites

- (1)-
- (2)-
- (3)-
- (4)-
- (5)-
- (6)-

Private Physician:

Name: _____

Address: _____
