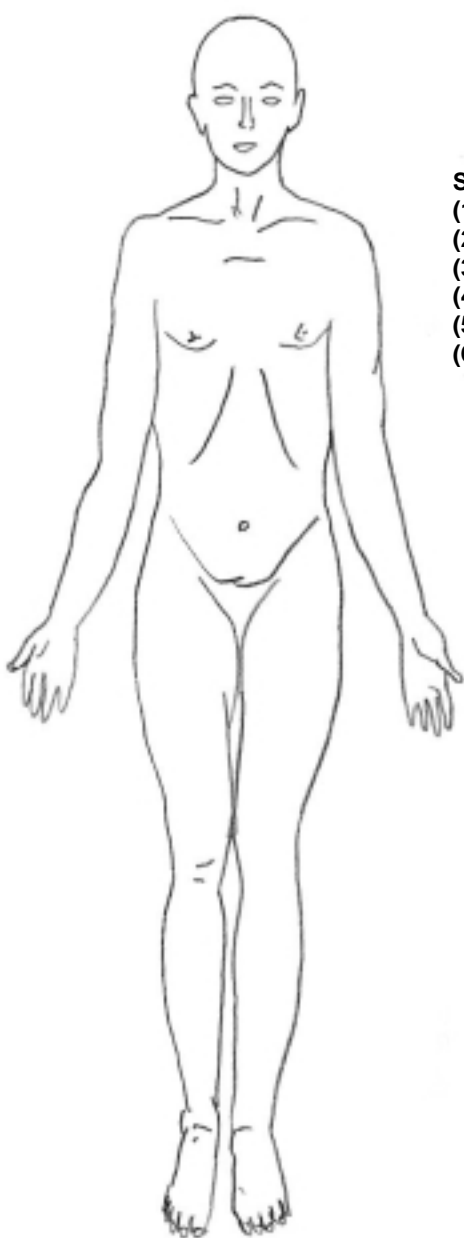


NATIONAL HANSEN'S DISEASE PROGRAMS		SKIN SMEAR / BIOPSY CHART	DATE:
Patient's Name (Last, First, Middle) _____		HD ID No:	
Date of Birth: _____	Social Security No. _____	Phone results to:	



Skin Smear Sites

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



Biopsy Sites

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

Private Physician:

Name: _____

Address: _____
