

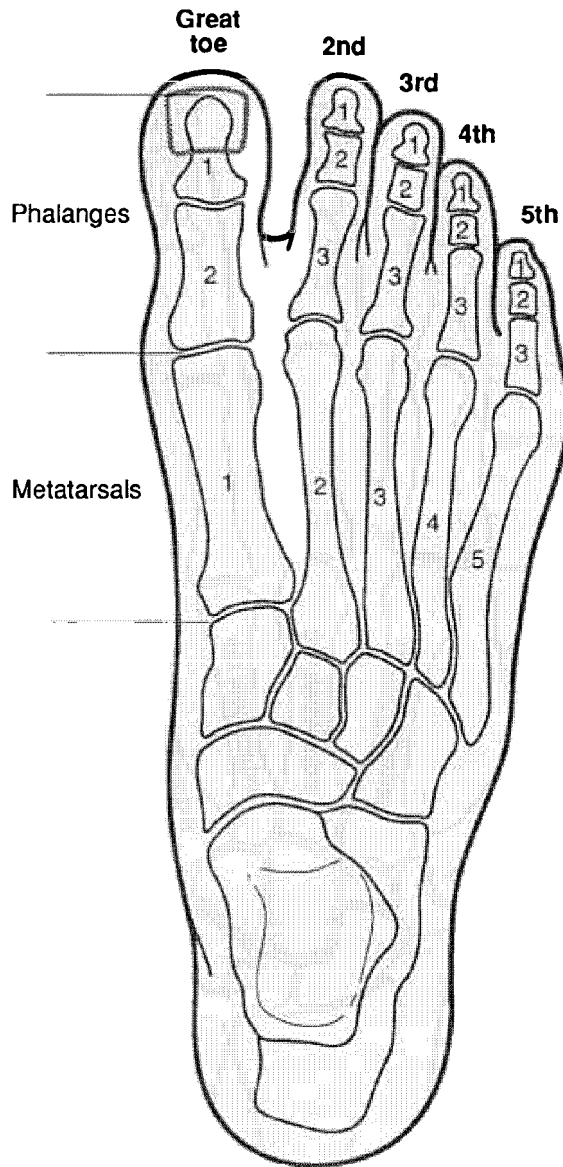
Amputation Chart

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 foot? _____



	Signature		
Chart marked by _____ M.D.		Date _____	