

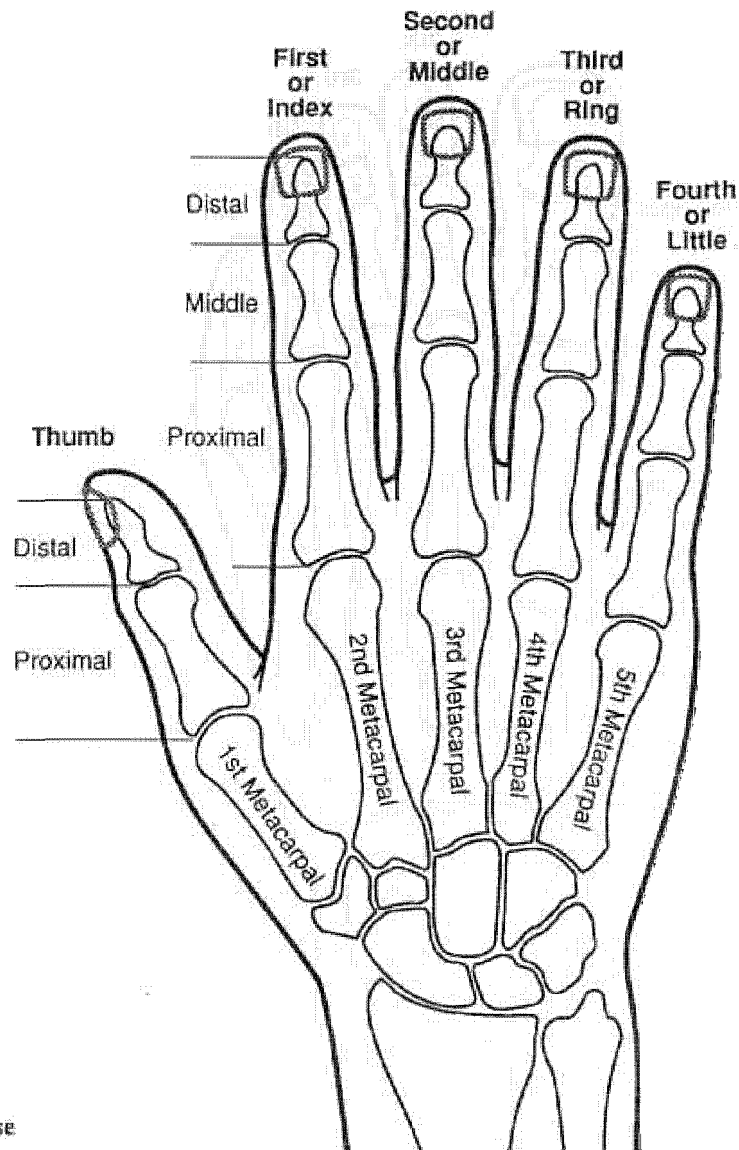
# Amputation Chart

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	

	<b>Employer</b>		
Name of employer		Date of Accident	Date of Amputation
	<b>Employee</b>		
Name of employee		Social Security Number	

Which hand? \_\_\_\_\_



	<b>Signature</b>		
Chart marked by _____ M.D		Date _____	