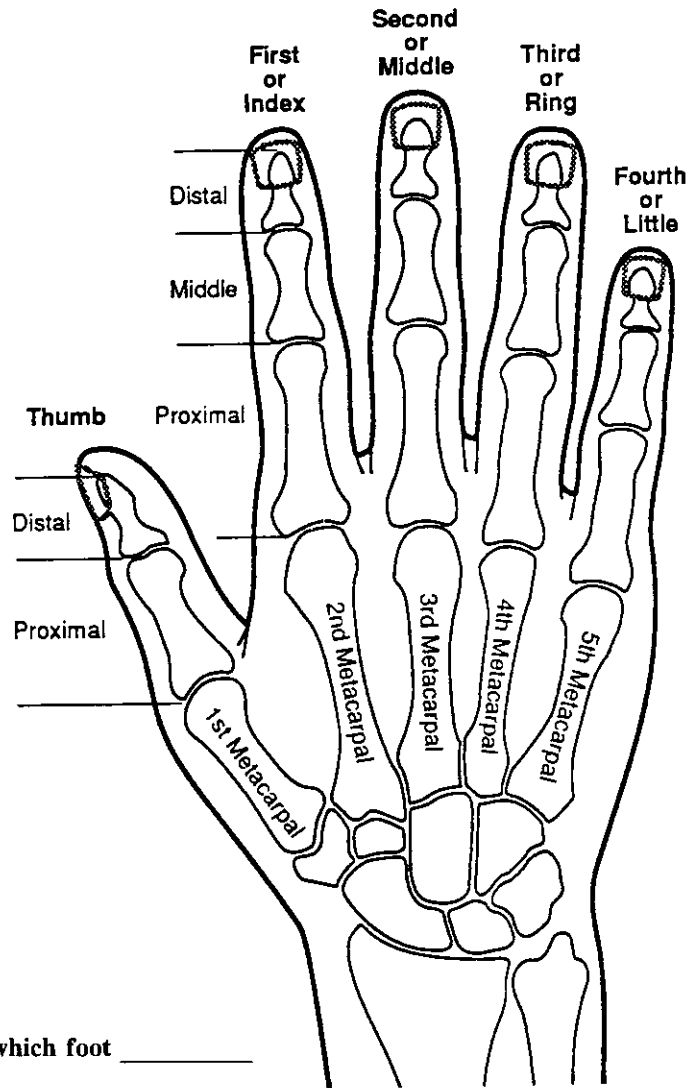
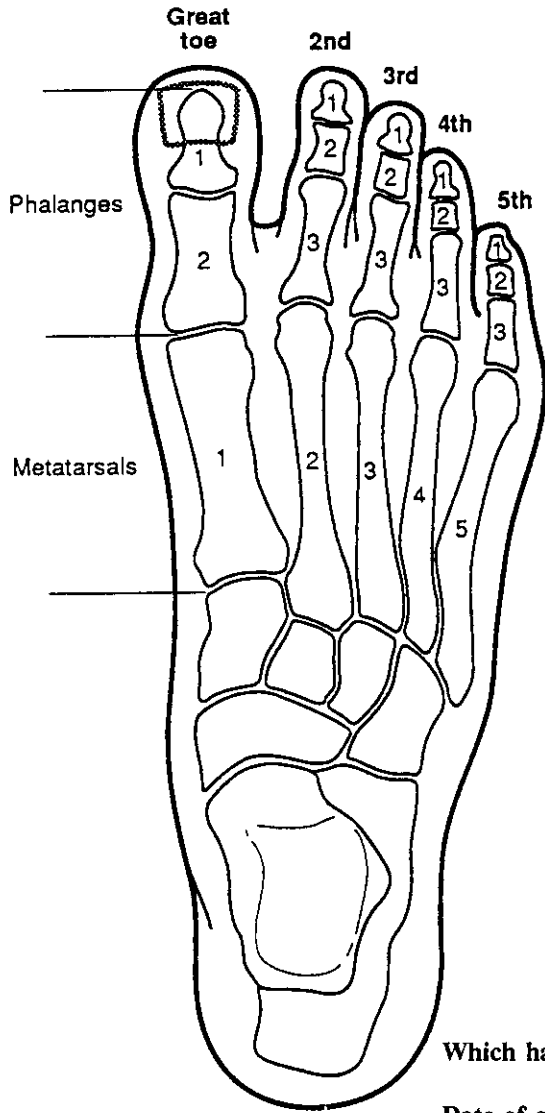


INSTRUCTIONS

Attending Physician's Report VWC Form No. 6

1. Complete all parts of this form noting all injuries, no matter how minor. Type or print all information in black ink, using this side of the form for any additional comments. Be sure to sign the form at the bottom.
2. Submit the report to the employer or to the employer's insurance carrier.



Which hand or which foot _____

Date of amputation _____

Remarks _____