



The Royal **Children's**
Hospital Melbourne

Victorian Forensic Paediatric
Medical Service

Body Chart Female Genitalia

UR NUMBER

SURNAME

GIVEN NAME(S)

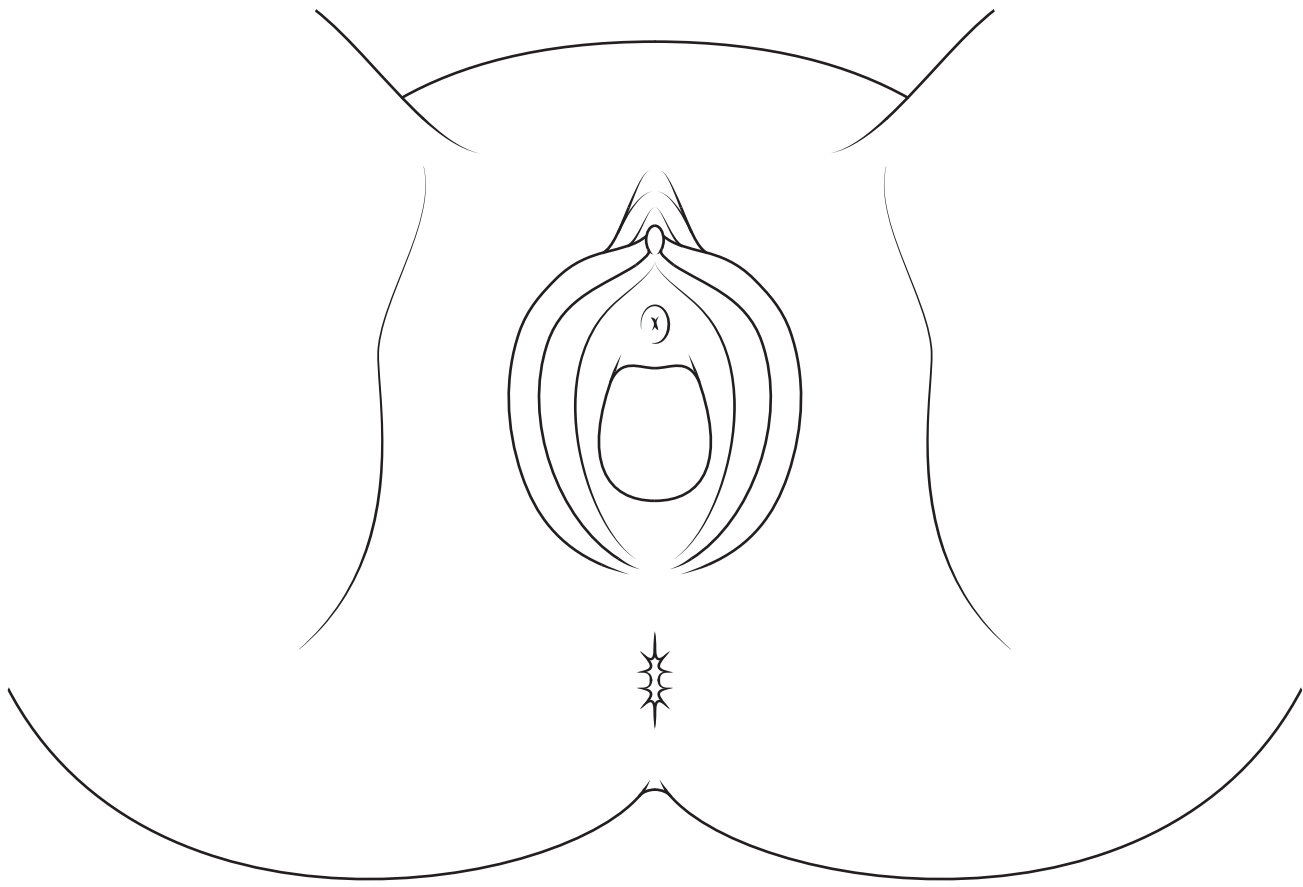
DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑



Right

Left



Date / /

Time :

Signature of assessing doctor

C O N F I D E N T I A L

