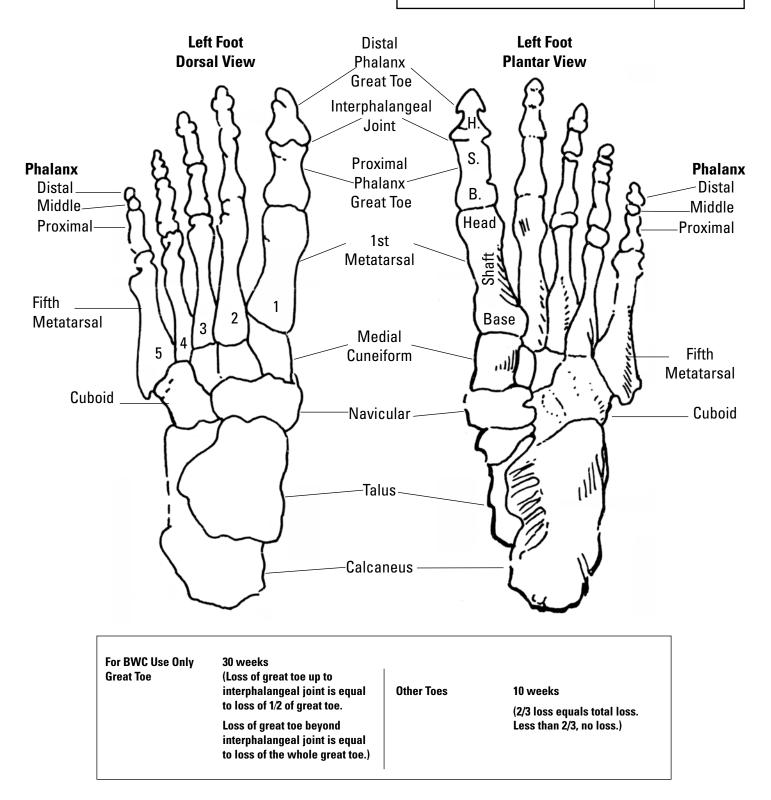
Toe Amputation/ Loss of Use Diagram

Left Foot

ORC 4123.57 (B)

Injured worker name	Claim number	
Physician: Mark exact point of amputation by a single line. INITIAL ALL MARKINGS.		
I certify the information I have provided is to	ruthful and correct.	
Applicant signature	Date	



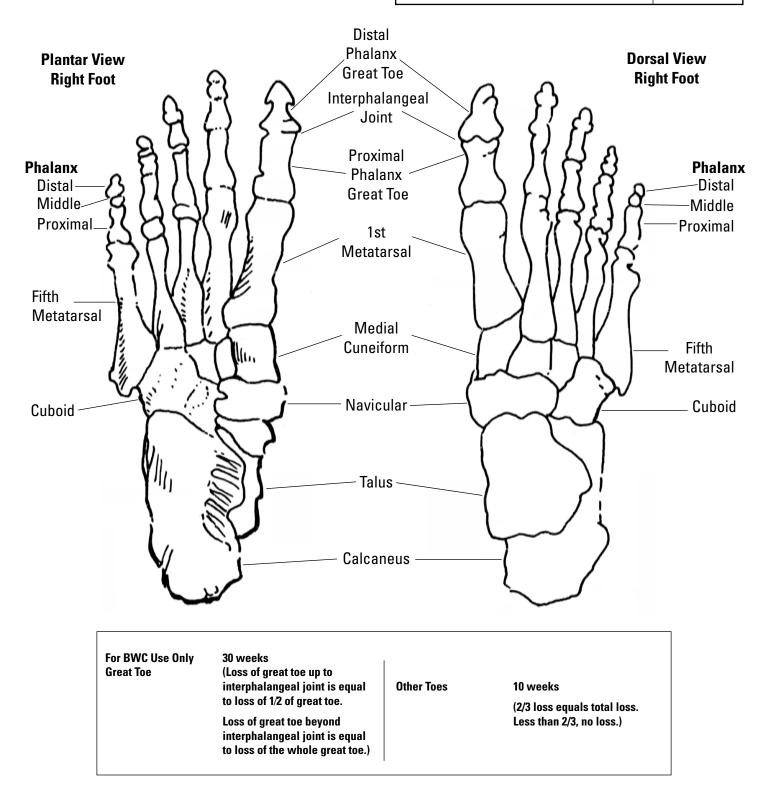
See current Compensation rate chart for additional loss of use awards. Published by BWC Claims Policy **C-197** BWC-1327 Rev. (9/21/2010) See Reverse for Right Foot

Toe Amputation/ Loss of Use Diagram

Right Foot

ORC 4123.57 (B)

Injured worker name	Claim number
Physician: Mark exact point of amputation b INITIAL ALL MARKINGS.	y a single line.
I certify the information I have provided is true	thful and correct.
Applicant signature	Date



See current Compensation rate chart for additional loss of use awards. Published by BWC Claims Policy **C-197** BWC-1327 Rev. (9/21/2010) See Reverse for Left Foot