

REGION	
HEAD	
NECK	
ANT. TRUNK	
POST. TRUNK	
RIGHT. ARM	
LEFT ARM	
BUTTOCKS	
GENTALIA	
RIGHT LEG	
LEFT LEG	
TOTAL BURN	

RED SUPERFICIAL DERMAL BULE SKIN GRAFT

GREEN DEEP DERMAL BROWN DONOR

BLACK FULL THICKNESS

HOSPITAL NAME

Depart. Unit Ward Room Bed

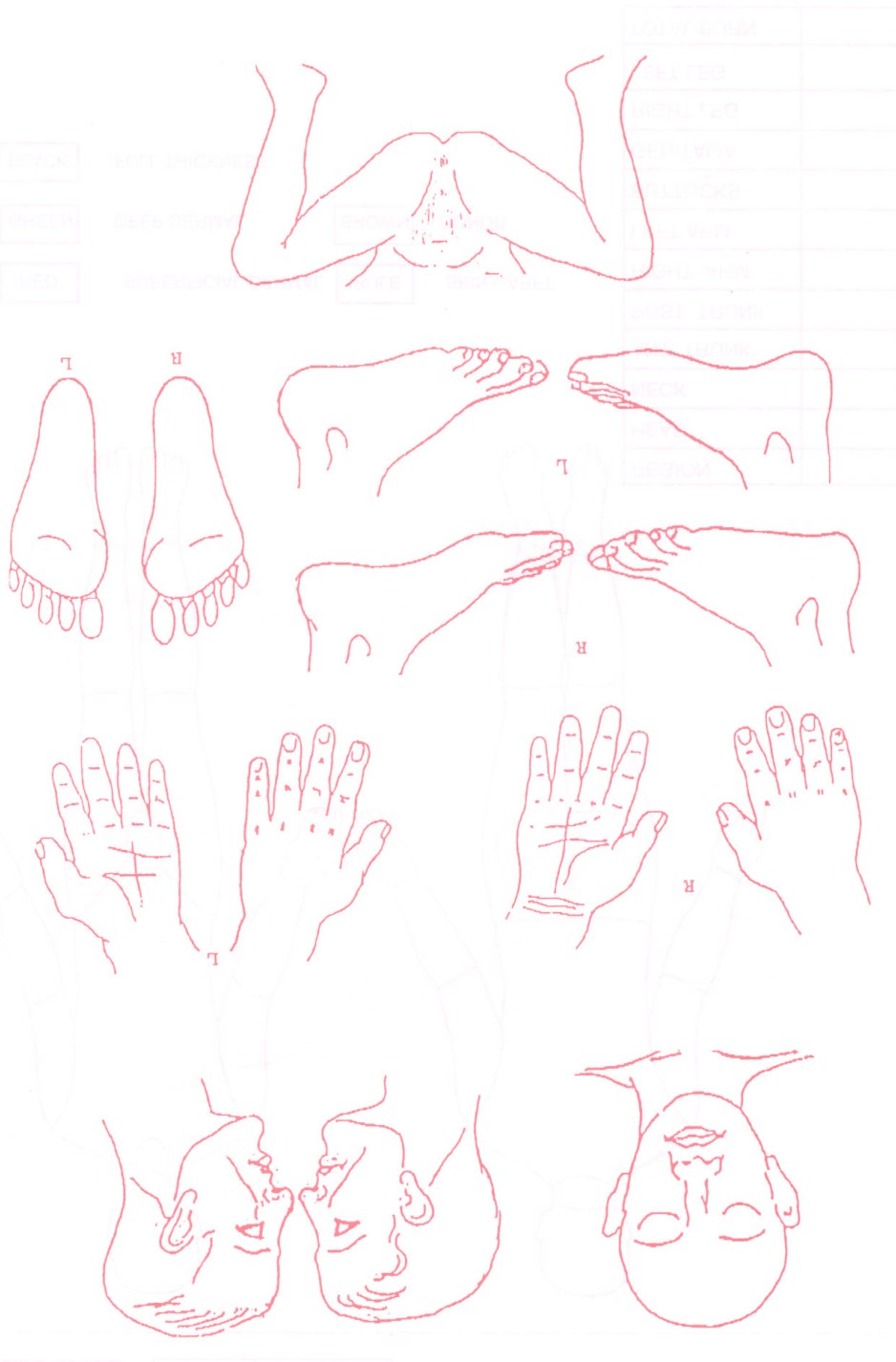
Date of Admt. Doctor in Charge

Name SEX : M / F AGE

HOSP. NO.



Appendix 21



MINIST

