Lund and Browder Chart

Patient Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____

Medical History (if needed)

Referring Physician's Name: _____ Head - Partial Thickness (%): _____

Head - Full Thickness (%): _____ Neck - Partial Thickness (%): _____

Neck - Full Thickness (%): _____ Anterior trunk - Partial Thickness (%): _____

Anterior trunk - Full Thickness (%): _____

Posterior trunk - Partial Thickness (%):

Posterior trunk - Full Thickness (%): _____ Right arm - Partial Thickness (%): _____

Right arm - Full Thickness (%): _____ Left arm - Partial Thickness (%): _____

Left arm - Full Thickness (%): _____ Buttocks - Partial Thickness (%): _____

Buttocks - Full Thickness (%): _____ Genitalia - Partial Thickness (%): _____

Genitalia - Full Thickness (%): _____ Right leg - Partial Thickness (%): _____

Right leg - Full Thickness (%): _____ Left leg - Partial Thickness (%): _____

Left leg - Full Thickness (%): _____ Total burn - Partial Thickness (%): _____

Total burn - Full Thickness (%): _____

Additional Notes (Next steps, Findings, Observations, etc.)