Date _____

Visit of patient	1st month yes no	2nd month yes no	3rd month yes no	4th month yes no	5th month yes no	6th month yes no	7th month yes no	8th month yes no	9th momth yes no	10th month yes no
Scar (stable/ heald)										
Deformity										
Recurrence										
Any other complications										
Photographs taken										