OMB Approved No. 2900-0776 Respondent Burden: 15 Minutes Expiration Date: 03/31/2021

SCARS/DISFIGUREMENT DISABILITY BENEFITS QUESTIONNAIRE											
IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL NOT PAY OR REIMBURSE ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.											
NAME OF PATIENT/VETERAN (First, Middle Initial, Last)											
PATIENT/VETERAN'S SOCIAL SECURITY NUMBER											
NOTE TO PHYSICIAN: Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the veteran's claim. VA reserves the right to confirm the authenticity of ALL DBQ's completed by private health care providers.											
	TION I - DIAGNO		CNACNIT	OF TI	<u></u>	D F40	- OD	NEOKO			
1A. DOES THE VETERAN HAVE ONE OR MORE SCARS ANYWHERE OF YES NO (If "Yes," complete Item 1B)	N THE BODT, OR L	JISFIGUR	EIVIEINI	OF IF	1Е ПЕА	D, FAC	E, UK	NECK?			
1B. PROVIDE ONLY DIAGNOSES THAT PERTAIN TO SCARS ANYWHER	RE ON THE BODY,	OR DISFI	GUREM	ENT C	F THE	HEAD,	FACE	, OR NE	CK:		
DIAGNOSIS # 1:	ICD CODE:							DATE	OF DIA	AGNOS	SIS:
DIAGNOSIS # 2:	ICD CODE:							DATE	OF DIA	AGNOS	SIS:
DIAGNOSIS # 3:	ICD CODE:							DATE	OF DIA	GNO	SIS:
1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO SCARS ANYWHERE ON THE BODY, OR DISFIGUREMENT OF THE HEAD, FACE, OR NECK DUE TO SCARS OR OTHER CAUSES, LIST USING ABOVE FORMAT:											
INSTRUCTIONS: Provide all linear measurements in centimeters and area measurements in centimeters squared.  For non-linear scars, measure the length and width at their widest points.  After measuring the scars, use the summary sections to provide the combined approximate total area for all scars in each region.  If scars are too numerous to count (for example, multiple scattered shrapnel wound scars, acne scarring or pseudofolliculitis barbae), indicate "TNTC" and provide approximate combined total area.  NOTE: For VA purposes, superficial non-linear scars are those not associated with underlying soft tissue damage, while deep non-linear scars are associated with underlying soft tissue damage.											
SECTION II - SCAR											
2. DOES THE VETERAN HAVE ANY SCARS ON THE TRUNK OR EXTREI  YES NO (If "Yes," complete this section) (If "No," skip	MITIES (REGIONS)  to Section III)	OTHER T	HAN TH	E HEA	ND, FAC	E OR N	IECK)	?			
	- MEDICAL HIST	ORY									
A. DESCRIBE THE HISTORY (including cause/origin and course) OF THE VETERAN'S SCAR(S) OF THE TRUNK OR EXTREMITIES (brief summary):											
B. ARE ANY OF THE SCARS OF THE TRUNK OR EXTREMITIES PAINFUL?											
YES NO If yes, specify the number of painful scars: 1 2 3 4 5 or more											
DESCRIBE THE PAIN (if there are multiple painful scars, be sure to adequately identify which scars are painful):											
C. ARE ANY OF THE SCARS OF THE TRUNK OR EXTREMITIES UNSTABLE, WITH FREQUENT LOSS OF COVERING OF SKIN OVER THE SCAR?											
YES NO If yes, specify the number of unstable scars: 1 2 3 4 5 or more											
DESCRIBE THE LOSS OF COVERING OF SKIN OVER THE SCAR (if there are multiple unstable scars, be sure to adequately identify which scars are unstable):											
D. ARE ANY OF THE SCARS <b>BOTH</b> PAINFUL AND UNSTABLE?  YES NO If yes, specify number of scars that are both painful DESCRIBE THE LOCATION OF THESE SCARS:	ful and unstable:	] 1 _	] 2 [	3		4	5 or	more			

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PATIENT/VETERAN'S SOCIAL SECURITY NU	MBER		<u> </u>		- 🖳		
SI	ECTION II -	- SCARS (	OF THE	TRUNK A	ND EXT	REMITIES	S (Coi
E ARE ANY OF THE SCARS OF THE TRUNK	OR FXTRE	MITIES DU	JE TO BU	RNS?			

SECTION II - SCARS OF THE TRUNK AND EXTREMITIES (Continued)
E. ARE ANY OF THE SCARS OF THE TRUNK OR EXTREMITIES DUE TO BURNS?
YES NO If yes, identify each burn scar and state depth of original burn:
Burn scar #1:
Full thickness or sub-dermal Deep partial thickness Less than deep partial thickness
Burn scar #2:
Full thickness or sub-dermal Deep partial thickness Less than deep partial thickness
F. IF THERE ARE ADDITIONAL BURN SCARS OF THE TRUNK AND EXTREMITIES, LIST USING THE SAME FORMAT:
2-2 - PHYSICAL EXAM FOR SCARS ON THE TRUNK AND EXTREMITIES
DETAILS OF SCAR FINDINGS FOR THE TRUNK AND EXTREMITIES
INDICATE THE ANATOMICAL REGIONS AFFECTED AND COMPLETE APPROPRIATE SECTIONS:
A. RIGHT UPPER EXTREMITY
Affected Not affected
Specify location of scars on right upper extremity and number them:
Indicate types of scars and provide measurements (check all that apply):
Linear Linear
Length of each linear scar:
Scar # 1: cm
Scar # 4:cm Scar # 5:cm If additional scars, list using same format:
Superficial non-linear
Length and width of each superficial non-linear scar:
Scar # 1: xcm Scar # 2: xcm Scar # 3: xcm
Scar # 4: x cm Scar # 5: x cm If additional scars, list using same format:
Deep non-linear
Length and width of each deep non-linear scar:
Scar # 1: xcm
Scar # 4: x cm Scar # 5: x cm If additional scars, list using same format:
B. LEFT UPPER EXTREMITY
Affected Not affected Not affected
Specify location of scars on left upper extremity and number them:
Indicate types of scars and provide measurements (check all that apply):
Linear  Local Market State Control of the Control o
Length of each linear scar:
Scar # 1:cm Scar # 2:cm Scar # 3:cm Scar # 4:cm Scar # 5:cm If additional scars, list using same format:
Ocal # 4dill Ocal # 0dill il additional scals, list using same format
Superficial non-linear
Length and width of each superficial non-linear scar:
Scar # 1: x cm Scar # 2: x cm Scar # 3: x cm
Scar # 4: x cm Scar # 5: x cm If additional scars, list using same format:
Deep non-linear
Length and width of each deep non-linear scar:
Scar#1: xcm Scar#2: xcm Scar#3: xcm
Scar # 4: xcm Scar # 5: xcm If additional scars, list using same format:
C. RIGHT LOWER EXTREMITY
Affected Not affected
Specify location of scars on right lower extremity and number them:
Indicate types of scars and provide measurements (check all that apply):
Linear
Length of each linear scar:
Scar # 1: cm
Scar # 4: cm Scar # 5: cm If additional scars list using same format:

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER		_		_		

		SECTI	ON II - SC	ARS OF THE I	RUNK AND	EXTREMITIES (Continued)	
		DETAILS OF	F SCAR F	NDINGS FOR T	HE TRUNK	AND EXTREMITIES (Continued)	
INDICATE	THE ANATOMICAL RE	GIONS AFFECTI	ED AND CO	MPLETE APPROI	PRIATE SEC	TIONS:	
	Superficial non-linear						
	Length and width of ea	ch superficial non-	-linear scar:				
	Scar # 1: :	xcm	Scar # 2:	x	cm	Scar # 3: x cm	
	Scar # 4: :	xcm	Scar # 5:	x	cm	If additional scars, list using same format:	
	Deep non-linear						
	Length and width of ea	ch deep non-linea	r scar:				
	Scar # 1: :	xcm	Scar # 2:	x	cm	Scar # 3: x cm	
						If additional scars, list using same format:	
D LEET L	OWER EXTREMITY					<u> </u>	
	_						
Affe	cted Not affected	i					
Spec	cify location of scars on le	eft lower extremity	and numbe	r them:			
Indic	cate types of scars and pr	rovide measureme	ents (check	all that apply):			
	Linear		,	11 17			
	Length of each linear so	ear:					
	=			Coor # 2:	000		
	Scar # 1:cr						
	Scar # 4:ci	n Scar # 5:	cm	If additional scars	3, list using sa	ame format:	
	Superficial non-linear						
	Length and width of each	ch cuporficial non	linear coar:				
	•	•				0#2.	
						Scar # 3: x cm	
	Scar # 4: >	cmcm	Scar # 5: _	x	cm	If additional scars, list using same format:	
	Deep non-linear						
	·	ah daan nan linaa	r coor:				
	Length and width of each	•				0#0	
						Scar # 3: xcm	
	Scar # 4: >	cmcm	Scar # 5: _	x	cm	If additional scars, list using same format:	
E. ANTER	RIOR TRUNK						
Affe	cted Not affected	i					
Sner	cify location of scars on a	interior trunk and	number ther	n·			
	cate types of scars and pr						
		Ovide measureme	ino (check	ını mai appiy).			
	Linear						
	Length of each linear so						
	Scar # 1:c	n Scar # 2:	cm	Scar # 3:	cm		
	Scar # 4: ci						
	Ocai # 4 ci	m Scar # 5:	cm	If additional scar	s, list using sa	ame format:	
		m Scar # 5:	cm	If additional scar.	s, list using sa	ame format:	
	Superficial non-linear			If additional scar	s, list using sa	ame format:	
	Superficial non-linear Length and width of each	ch superficial non-	-linear scar:				
	Superficial non-linear Length and width of each	ch superficial non-	-linear scar:			sme format: xcm	
	Superficial non-linear Length and width of each	ch superficial non-	-linear scar: Scar # 2: _	x	cm		
	Superficial non-linear Length and width of each Scar # 1:	ch superficial non-	-linear scar: Scar # 2: _	x	cm	Scar # 3: xcm	
	Superficial non-linear Length and width of ead Scar # 1:	ch superficial non- ccm	-linear scar: Scar # 2: _ Scar # 5: _	x	cm	Scar # 3: xcm	
	Superficial non-linear Length and width of ead Scar # 1:	ch superficial non- ccm ccm	-linear scar: Scar # 2: _ Scar # 5: _ r scar:	x	cm	Scar # 3: xcm  If additional scars, list using same format:	
	Superficial non-linear Length and width of ead Scar # 1:	ch superficial non- ccm ccm	-linear scar: Scar # 2: _ Scar # 5: _ r scar:	x	cm	Scar # 3: xcm	
	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- ccm ccm ch deep non-linear	-linear scar: Scar # 2: Scar # 5: r scar: Scar # 2:	xx	cmcmcmcm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm	
F. POSTE	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- ccm ccm ch deep non-linear	-linear scar: Scar # 2: Scar # 5: r scar: Scar # 2:	xx	cmcmcmcm	Scar # 3: xcm  If additional scars, list using same format:	
	Superficial non-linear Length and width of each scar # 1:	ch superficial non- cm cm cm ch deep non-linear cm cm	-linear scar: Scar # 2: Scar # 5: r scar: Scar # 2:	xx	cmcmcmcm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm	
Affec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- cm cm ch deep non-linear cm cm	-linear scar: Scar # 2: Scar # 5:  r scar: Scar # 2: Scar # 5: Scar # 5:	x x x	cm cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	
Affect Spec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- cm cm ch deep non-linear cm cm	Scar # 2: _ Scar # 5: _ Scar # 5: _ r scar: Scar # 2: _ Scar # 5: _	xxxxxxxxxx	cm cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm	
Affect Spec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- cm cm ch deep non-linear cm cm	Scar # 2: _ Scar # 5: _ Scar # 5: _ r scar: Scar # 2: _ Scar # 5: _	xxxxxxxxxx	cm cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	
Affect Spec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- cm cm ch deep non-linear cm cm	Scar # 2: _ Scar # 5: _ Scar # 5: _ r scar: Scar # 2: _ Scar # 5: _	xxxxxxxxxx	cm cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	
Affect Spec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- c cm ch deep non-linear c cm c cm c cm d posterior trunk and rovide measuremen	Scar # 2: _ Scar # 5: _ Scar # 5: _ r scar: Scar # 2: _ Scar # 5: _	xxxxxxxxxx	cm cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	
Affect Spec	Superficial non-linear Length and width of each scar # 1:	ch superficial non- c cm ch deep non-linear c cm c cm d costerior trunk and rovide measureme	Scar # 2: _ Scar # 5: _ r scar: Scar # 2: _ Scar # 5: _ I number the ents (check	xxxxxxxxxx all that apply):	cm cm cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	
Affect Spec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- c cm ch deep non-linear c cm c cm d costerior trunk and rovide measurement car: m Scar # 2:	-linear scar: Scar # 2: Scar # 5: r scar: Scar # 2: Scar # 5: I number the ents (check	xxxxxxxxxx all that apply):	cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	
Affect Spec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- c cm ch deep non-linear c cm c cm d costerior trunk and rovide measurement car: m Scar # 2:	-linear scar: Scar # 2: Scar # 5: r scar: Scar # 2: Scar # 5: I number the ents (check	xxxxxxxxxx all that apply):	cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	
Affect Spec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- c cm ch deep non-linear c cm c cm d costerior trunk and rovide measurement car: m Scar # 2:	-linear scar: Scar # 2: Scar # 5: r scar: Scar # 2: Scar # 5: I number the ents (check	xxxxxxxxxx all that apply):	cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	
Affect Spec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- cm cm ch deep non-linear cm cm cm d costerior trunk and rovide measureme car: m Scar # 2: m Scar # 5:	-linear scar: Scar # 2: Scar # 5: Scar # 5: Scar # 5: I number the ents (check	xxxxxxxxxx all that apply):	cm	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	
Affect Spec	Superficial non-linear Length and width of each Scar # 1:	ch superficial non- cm cm ch deep non-linear cm cm d consterior trunk and rovide measureme car: m Scar # 2: ch superficial non-	-linear scar: Scar # 2: Scar # 5: r scar: Scar # 2: Scar # 5: I number the ents (check  cm cm	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	cm cm cm	Scar # 3: x cm  If additional scars, list using same format: cm  Scar # 3: x cm  If additional scars, list using same format: cm  ame format: cm	
Affect Spec	Superficial non-linear  Length and width of each scar # 1:	ch superficial non- c cm ch deep non-linear c cm c cm c cm d costerior trunk and rovide measureme car: m    Scar # 2: m    Scar # 5: ch superficial non- c cm	-linear scar: Scar # 2: Scar # 5:  r scar: Scar # 2: Scar # 5: I number the ents (check and a check an	xxxxxxxsem:all that apply):  Scar # 3: If additional scars	cmcmcms, list using sa	Scar # 3: x cm  If additional scars, list using same format:  Scar # 3: x cm  If additional scars, list using same format:	

PATIENT/VETERAN'S SOCIA	AL SECURITY NUMBER		]-[	
	SECTION II	- SCARS OF THE TRUNK	AND EXTREM	WITIES (Continued)
	DETAILS OF SCA	AR FINDINGS FOR THE T	RUNK AND EXT	TREMITIES (Continued)
INDICATE THE ANATOMIC	AL REGIONS AFFECTED AND	O COMPLETE APPROPRIATE	E SECTIONS:	
Deep non-linear				
Length and width	n of each deep non-linear scar:			
Scar # 1:	xcm Scar	# 2: x	cm Scar # 3: _	xcm
				nal scars, list using same format:
		OF SCAR FINDINGS FOR		
A. SUPERFICIAL NON-LINE AFFECTED ANATOMICA		AT APPLY AND PROVIDE AP	PROXIMATE COM	MBINED TOTAL AREA IN CENTIMETERS SQUARED FOR EACH
None				
Right upper extremity:	Approximate total area:	cm2		
Left upper extremity:	Approximate total area:			
Right lower extremity:	Approximate total area:			
Left lower extremity:	Approximate total area:			
Anterior trunk:	Approximate total area:			
Posterior trunk:	Approximate total area:			
			ATE COMPINED 1	TOTAL AREA IN CENTIMETERS COLLABED FOR FACIL
B. DEEP NON-LINEAR SCA AFFECTED ANATOMICA		AND PROVIDE APPROXIMA	ATE COMBINED I	TOTAL AREA IN CENTIMETERS SQUARED FOR EACH
None				
Right upper extremity:	Approximate total area:	cm2		
Left upper extremity:	Approximate total area:	cm2		
Right lower extremity:	Approximate total area:			
Left lower extremity:	Approximate total area:			
Anterior trunk:	Approximate total area:	cm2		
Posterior trunk:	Approximate total area:			
	SECTION III - SCAF	RS OR OTHER DISFIGUR	EMENT OF THE	IE HEAD, FACE OR NECK
3. DOES THE VETERAN HA	AVE ANY SCARS OR DISFIGU			
<u> </u>	"Yes," complete this section)	*		
		3-1 - MEDICAL	L HISTORY	
A. DESCRIBE THE HISTOR	Y (including cause/origin and	course) OF THE VETERAN'S	S SCAR(S) OR OT	THER DISFIGUREMENT OF THE HEAD, FACE OR NECK
(brief summary):	, -	•		
D ADE ANVIOETHE SCAD	S OF THE HEAD EACE OD N	IFOX DAINELII 2		
	S OF THE HEAD, FACE OR N			4 Formore
_	yes, specify the number of party		Cl.: ab acome and	4 5 or more
DESCRIBE THE PAIN (1) inte	ere are multiple painful scars,	be sure to aaequatety taenty	ly which scars are	e painful):
				F COVERING OF SKIN OVER THE SCAR?
YES NO If	yes, specify the number of uns	stable scars:	2 3	4 5 or more
DESCRIBE THE LOSS OF C	OVERING OF SKIN OVER TH	HE SCAR (if there are multipl	le unstable scars,	be sure to adequately identify which scars are unstable):
D. ARE ANY OF THE SCAR	S OF THE HEAD, FACE OR N	JECK <b>BOTH</b> PAINFUL AND U	JNSTABLE?	
	yes, specify number of scars			2 3 4 5 or more
DESCRIBE THE LOCATION		1 0		
<u> </u>				
	O OF THE HEAD EAGE OD A	IECK DUE TO BURNS?		
E. ARE ANY OF THE SCAR	S OF THE HEAD, FACE OR N			
l <u> </u>	es, identify each burn scar an	d state depth of original burn	n:	
YES NO Ify		d state depth of original burr	n:	
YES NO Ify	res, identify each burn scar an			Less than deen nartial thickness
YES NO Ify	res, identify each burn scar an		n: p partial thickness	Less than deep partial thickness
YES NO Ify	res, identify each burn scar an			Less than deep partial thickness

ATTENTA VETERATIVE GEOGRAFIT I NOMBER	ATIENT/VETERAN'S SOCIAL SECURITY NUMBER				-			_				
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SECTION III - SCARS OR OTHER DISFIGUREMENT OF THE HEAD, FACE OR NECK (Continued)
3-1 - MEDICAL HISTORY (Continued)
F. IF THERE ARE ADDITIONAL BURN SCARS OF THE HEAD, FACE OR NECK, LIST USING THE SAME FORMAT:
3-2 - PHYSICAL EXAM FOR SCARS OR DISFIGUREMENT OF THE HEAD, FACE AND NECK
DETAILS OF SCAR OR DISFIGUREMENT FOR THE HEAD, FACE AND NECK
A. IDENTIFY EACH SCAR OR DISFIGUREMENT AND PROVIDE MEASUREMENTS:
Scar/Disfigurement #1 Indicate type of impairment: Scar Disfigurement
Location of scar/disfigurement #1:
Length and width (at widest part) of scar/disfigurement #1: xcm
Scar/Disfigurement #2
Indicate type of impairment: Scar Disfigurement
Location of scar/disfigurement #2:
Length and width (at widest part) of scar/disfigurement #2: x cm
Scar/Disfigurement #3 Indicate type of impairment: Scar Disfigurement
Location of scar/disfigurement #3:
Length and width (at widest part) of scar/disfigurement #3: x cm
Scar/Disfigurement #4
Indicate type of impairment: Scar Disfigurement
Location of scar/disfigurement #4:
Length and width (at widest part) of scar/disfigurement #4: xcm
Scar/Disfigurement #5
Indicate type of impairment: Scar Disfigurement
Location of scar/disfigurement #5:
Length and width (at widest part) of scar/disfigurement #5: x cm
If additional scars or disfigurement, list using the same format:
B. IS THERE ELEVATION, DEPRESSION, ADHERENCE TO UNDERLYING TISSUE, OR MISSING UNDERLYING SOFT TISSUE?
YES NO
(If yes, check all that apply):
Surface contour elevated on palpation
If checked, identify each affected scar/disfigurement:
Scar/Disfigurement #1 Scar/Disfigurement #2 Scar/Disfigurement #3
Scar/Disfigurement #4 Scar/Disfigurement #5 Other
Surface contour depressed on palpation
If checked, identify each affected scar/disfigurement:
Scar/Disfigurement #1 Scar/Disfigurement #2 Scar/Disfigurement #3
Scar/Disfigurement #4 Scar/Disfigurement #5 Other
Scar adherent to underlying tissue
If checked, identify each affected scar/disfigurement:
Scar/Disfigurement #1 Scar/Disfigurement #2 Scar/Disfigurement #3
Scar/Disfigurement #4 Scar/Disfigurement #5 Other
Underlying soft tissue missing
If checked, identify each affected scar/disfigurement:
Scar/Disfigurement #1 Scar/Disfigurement #2 Scar/Disfigurement #3 Scar/Disfigurement #4 Scar/Disfigurement #5 Other
Scar/Disfigurement #4 Scar/Disfigurement #5 Star/Disfigurement #5 Star/Disfigurement #5 Star/Disfigurement #4 Scar/Disfigurement #5 Star/Disfigurement #5

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SECTION III - SCARS OR OTHER DISFIGUREMENT OF THE HEAD, FACE OR NECK (Continued)
DETAILS OF SCAR OR DISFIGUREMENT FOR THE HEAD, FACE AND NECK (Continued)
C. IS THERE ABNORMAL PIGMENTATION OR TEXTURE OF THE HEAD, FACE, OR NECK?
YES NO
(If yes, check all that apply):
Hypopigmentation
If checked, identify each affected scar/disfigurement:
Scar/Disfigurement #1 Scar/Disfigurement #2 Scar/Disfigurement #3
Scar/Disfigurement #4 Scar/Disfigurement #5 Other
Hyperpigmentation
If checked, identify each affected scar/disfigurement:
Scar/Disfigurement #1 Scar/Disfigurement #2 Scar/Disfigurement #3
Scar/Disfigurement #4 Scar/Disfigurement #5 Other
Induration and inflexibility
If checked, identify each affected scar/disfigurement:
Scar/Disfigurement #1 Scar/Disfigurement #2 Scar/Disfigurement #3
Scar/Disfigurement #4 Scar/Disfigurement #5 Other
Abnormal texture
If checked, identify each affected scar/disfigurement:  Scar/Disfigurement #1  Scar/Disfigurement #2  Scar/Disfigurement #3
Scar/Disfigurement #4 Scar/Disfigurement #5 Other
Godinating Countries Count
Describe type of abnormal texture (for example, irregular, atrophic, shiny or scaly):
SUMMARY OF SCARS OR OTHER DISFIGUREMENT OF THE HEAD, FACE AND NECK
A. PROVIDE APPROXIMATE COMBINED TOTAL AREA IN CENTIMETERS SQUARED FOR EACH CHARACTERISTIC OF DISFIGUREMENT:
1. Approximate total area of head, face and neck with hypo- or hyperpigmented areas: cm2
2. Approximate total area of head, face and neck with abnormal texture: cm2
3. Approximate total area of head, face and neck with missing underlying soft tissue: cm2
4. Approximate total area of head, face and neck that is indurated and inflexible: cm2
DISTORTION OF FACIAL FEATURES AND TISSUE LOSS FOR THE HEAD, FACE AND NECK
B. IS THERE GROSS DISTORTION OR ASYMMETRY OF FACIAL FEATURES OR VISIBLE OR PALPABLE TISSUE LOSS?
YES NO
If yes, indicate features affected (check all that apply):
Nose Chin Forehead Cheeks Lips
Eyes (including eyelids) (If checked, specify):
Tissue loss/distortion of eyelid Side: Right Left
Tissue loss/distortion of eye Side: Right Left
Anatomical loss of eye Side: Right Left
Ears (auricles) (If checked, specify):
Complete loss of auricle Side: Right Left
Deformity of auricle, with loss of Side: Right Left
less than one-third the substance  Deformity of auricle, with loss of Side: Right Left
Deformity of auricle, with loss of Side: Right Left one-third or more of the substance
For all checked features, provide brief description of the tissue loss, gross distortion and/or asymmetry of facial features:

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SECTION IV - MISCELLANEOUS								
NOTE: Complete this section for all scars or disfigurements, regardless of location.								
LIMITATION OF FUNCTION/OTHER CONDITIONS								
4A. DO ANY OF THE SCARS (regardless of location) OR DISFIGUREMENT OF THE HEAD, FACE OR NECK RESULT IN LIMITATION OF FUNCTION?  YES NO								
IF YES, INDICATE WHICH SCARS (regardless of location) OR DISFIGUREMENT OF THE HEAD, FACE OR NECK ARE CAUSING THE LIMITATION AND DESCRIBE THE SPECIFIC LIMITATIONS:								
4B. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS (such as muscle or nerve damage) ASSOCIATED WITH ANY SCAR (regardless of location) OR DISFIGUREMENT OF THE HEAD, FACE OR NECK?  YES NO IF YES, DESCRIBE (brief summary):								
COLOR PHOTOGRAPHS								
4C. PROVIDE COLOR PHOTOGRAPHS FOR ANY SCAR(S) OR DISFIGURING CONDITIONS OF THE HEAD, FACE AND/OR NECK.								
Photographs not indicated Photographs provided Photographs not available								
SECTION V - FUNCTIONAL IMPACT								
5. DOES THE VETERAN'S SCAR(S) (regardless of location) OR DISFIGUREMENT OF THE HEAD, FACE OR NECK IMPACT HIS OR HER ABILITY TO WORK?  YES NO  IF YES, DESCRIBE IMPACT OF THE VETERAN'S SCAR(S) (regardless of location) OR DISFIGUREMENT OF THE HEAD, FACE OR NECK, PROVIDING ONE OR MORE EXAMPLES								
SECTION VI - REMARKS								
6. REMARKS (if any):								
SECTION VII - PHYSICIAN'S CERTIFICATION AND SIGNATURE								
<b>CERTIFICATION</b> - To the best of my knowledge, the information contained herein is accurate, complete and current.								
7A. PHYSICIAN'S SIGNATURE (Sign in ink)  7B. PHYSICIAN'S PRINTED NAME	7C. DATE SIGNED							
7D. PHYSICIAN'S PHONE AND FAX NUMBER 7E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER 7F. PHYSICIAN'S ADDRES	38							
NOTE: VA may obtain additional medical information, including an examination, if necessary to complete VA's review of the veteran's applications.	plication.							
IMPORTANT - Physician please fax the completed form to  (VA Regional Office FAX No.)								

NOTE: A list of VA Regional Office FAX Numbers can be found at www.benefits.va.gov/disabilityexams or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.