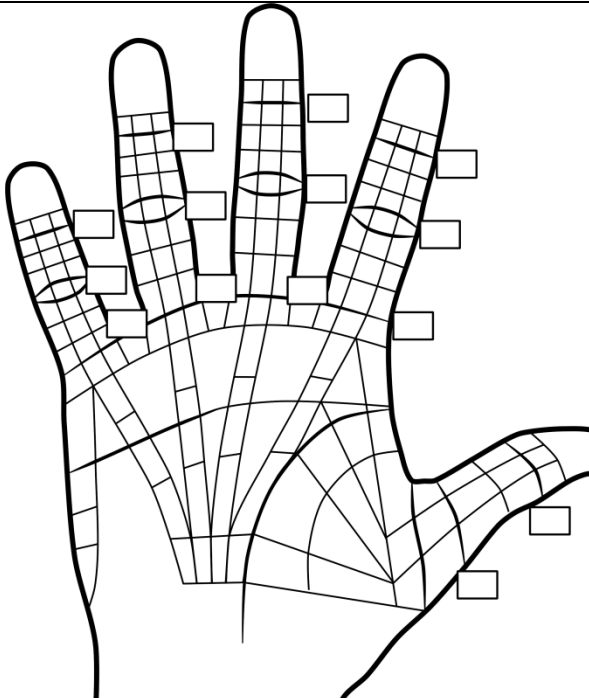
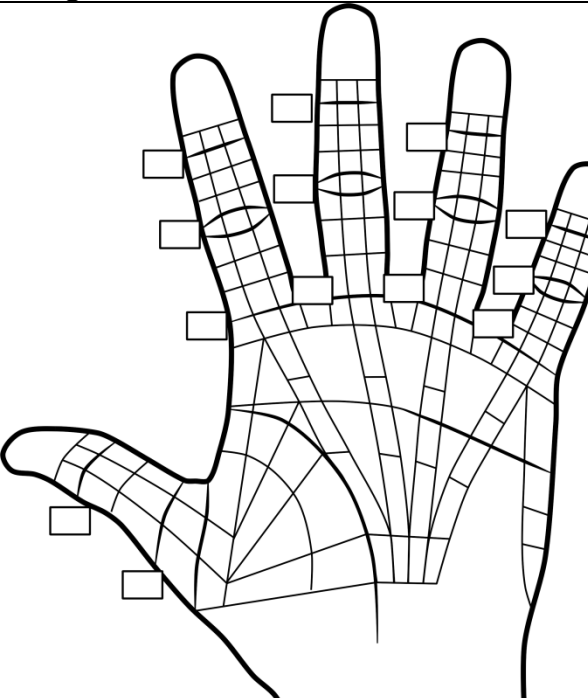


Dupuytren Procedure

Surname _____ Given Name _____

Date (dd/mm/yy) ___/___/___ ID# _____

Procedure Diagram	
 <p style="text-align: center;">RIGHT</p>	 <p style="text-align: center;">LEFT</p>
Mark the diagram using this legend:	
<input type="checkbox"/> Final Measurement: Extension Deficit in Degrees + Incision ■ Skin Graft ✕ Collagenase Injection Site ⊙ Radiotherapy Field Fasciotomy Portals: • Uneventful ⊗ With Paresthesia ⊕ With Skin Tear ⊖ With Flexor Contact Other: ⊙ Palmar Nodule Steroid Injection ⊖ Skin Tear Not at Portal	
Events: <input type="checkbox"/> None <input type="checkbox"/> Lingerig Paresthesias <input type="checkbox"/> Transient Numbness <input type="checkbox"/> Lingerig Numbness	
Limitations: <input type="checkbox"/> None <input type="checkbox"/> No Cord <input type="checkbox"/> Skin Tear <input type="checkbox"/> Tight Skin <input type="checkbox"/> Scar <input type="checkbox"/> Pain <input type="checkbox"/> Anxiety <input type="checkbox"/> Numbness <input type="checkbox"/> Unknown	
Additional Notes:	

Examiner: _____ Signature: _____