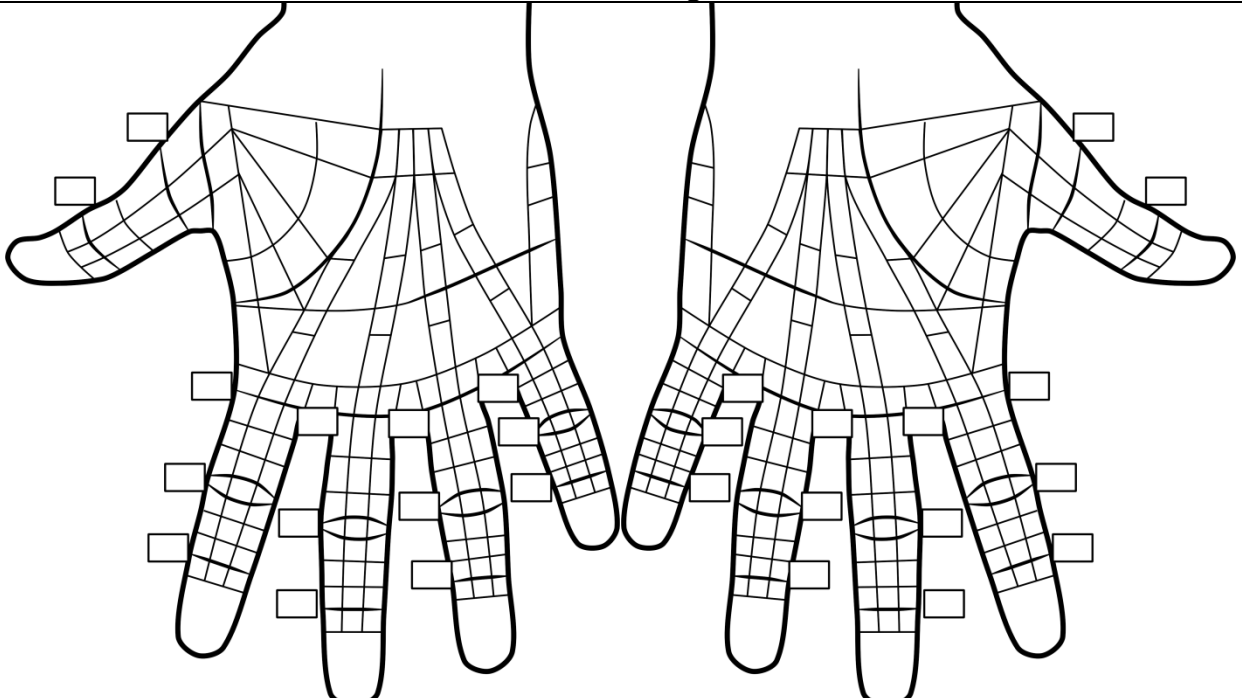


Dupuytren Procedure

Surname _____ Given Name _____

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

Procedure Diagram	
	<p>RIGHT</p> <p>LEFT</p>
<p style="text-align: center;">Mark the diagram using this legend:</p> <p> <input type="checkbox"/> Final Measurement: Extension Deficit in Degrees <input type="checkbox"/> Incision <input type="checkbox"/> Skin Graft <input type="checkbox"/> Collagenase Injection Site <input type="checkbox"/> Radiotherapy Field Fasciotomy Portals: <input type="checkbox"/> Uneventful <input type="checkbox"/> With Paresthesia <input type="checkbox"/> With Skin Tear <input type="checkbox"/> With Flexor Contact Other: <input type="checkbox"/> Palmar Nodule Steroid Injection <input type="checkbox"/> Skin Tear Not at Portal </p>	
<p>Events: <input type="checkbox"/> None <input type="checkbox"/> Lingering Paresthesias <input type="checkbox"/> Transient Numbness <input type="checkbox"/> Lingering Numbness</p>	
<p>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</p>	
<p>Additional Notes:</p>	

Examiner: _____ Signature: _____