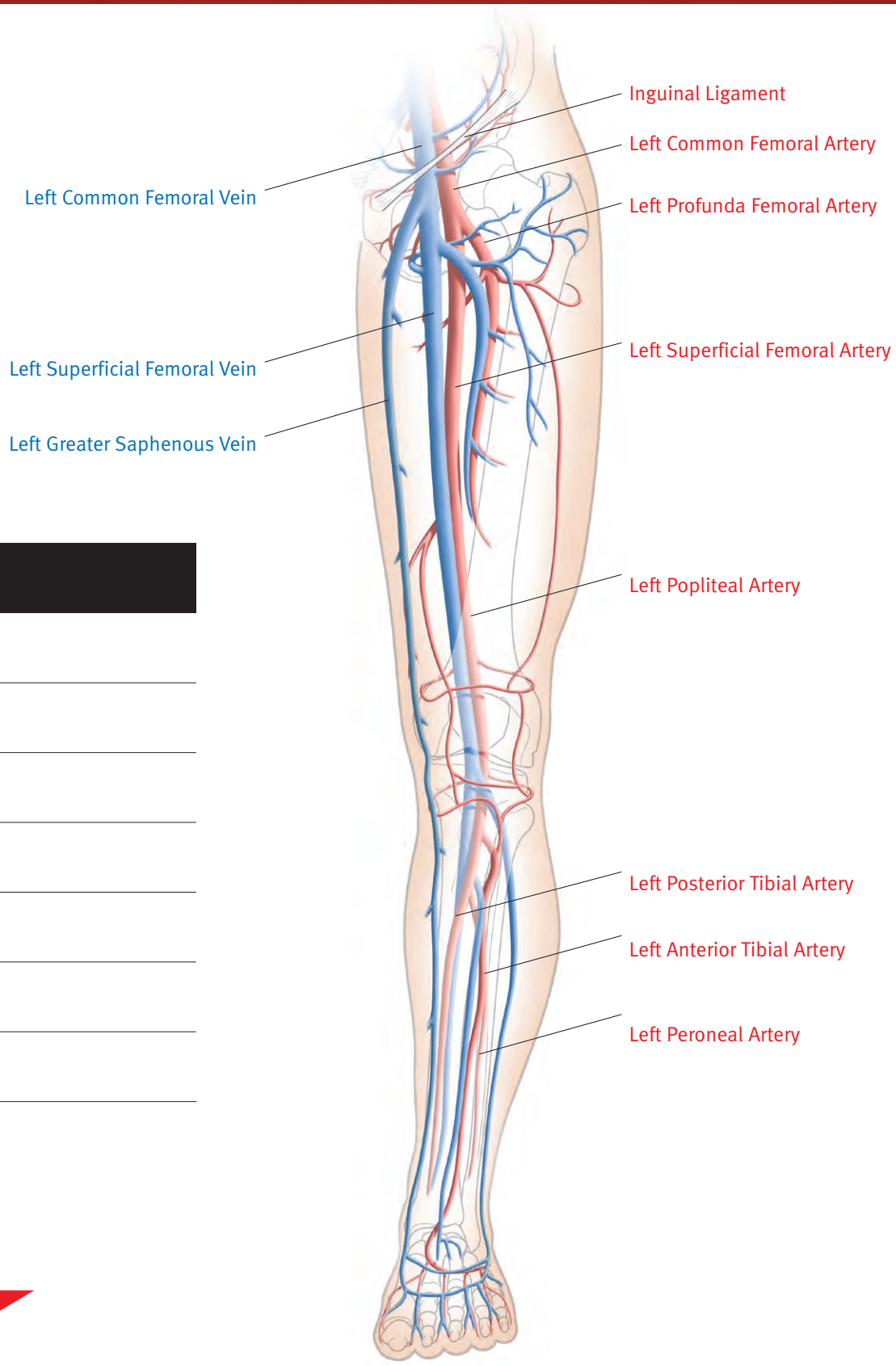


# CASE PLANNING RESOURCE



## LEFT LEG

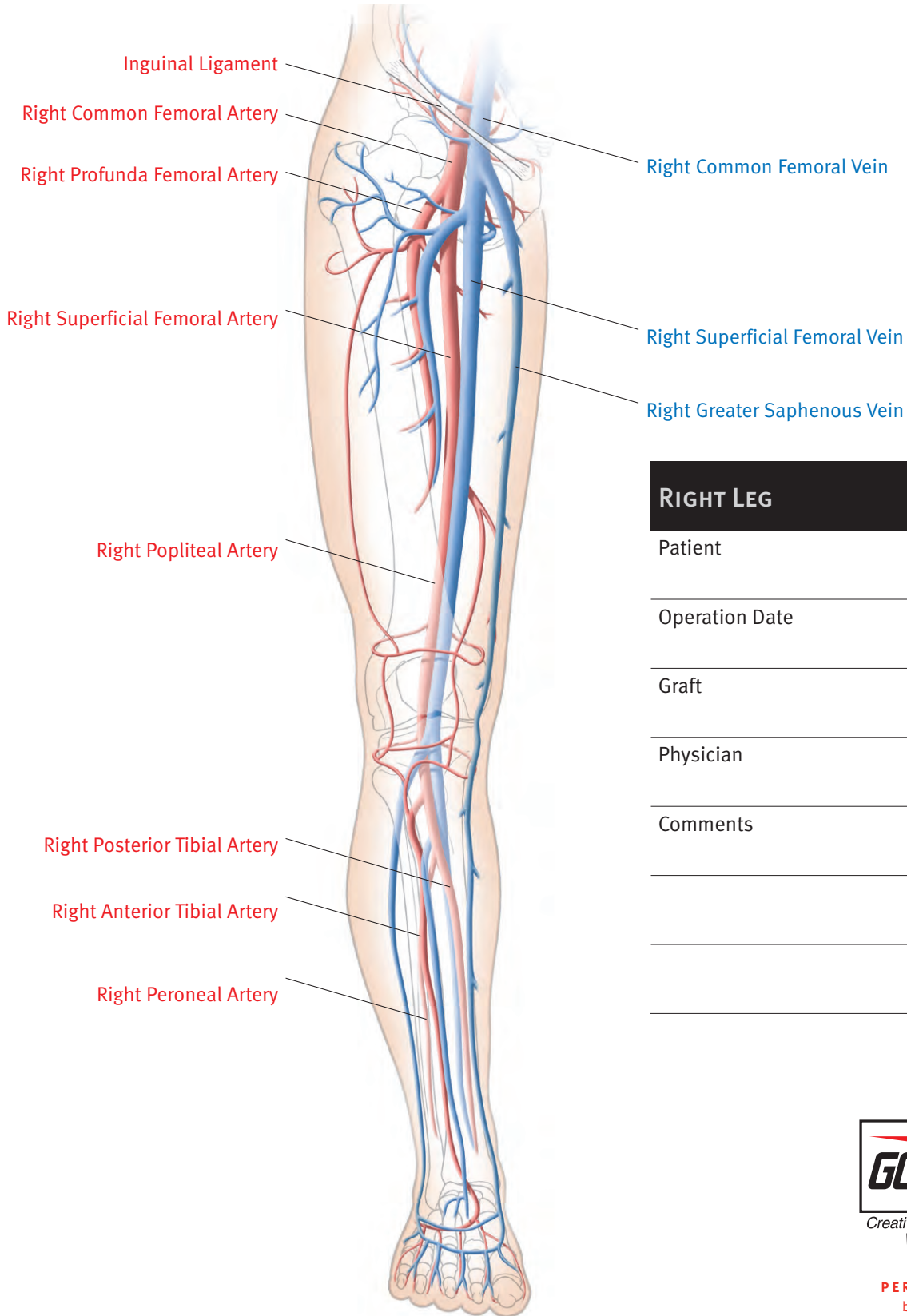
Patient

Operation Date

Graft

Physician

Comments



## RIGHT LEG

Patient \_\_\_\_\_

Operation Date \_\_\_\_\_

Graft \_\_\_\_\_

Physician \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**PERFORMANCE**  
by design