

3A. EXTENSORSENSKADA

Operationsformulär



Patientens personnummer (ååååmmdd-nnnn): *

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Operationsdatum (åååå-mm-dd): *

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Skadedatum: *

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SKADA OCH OPERATION

Fingerstråle

Skadenivå (zon 1-7)

Utförd operation (endast ett alternativ)

II

- Sensutur
- Reinsertion
- Sentransplantation
- Sentransferering
- Annat, specificera: _____

III

- Sensutur
- Reinsertion
- Sentransplantation
- Sentransferering
- Annat, specificera: _____

IV

- Sensutur
- Reinsertion
- Sentransplantation
- Sentransferering
- Annat, specificera: _____

V

- Sensutur
- Reinsertion
- Sentransplantation
- Sentransferering
- Annat, specificera: _____

KOMMENTAR