

Return Visit Worksheet

Date:

Patient Name:

Dx:

Subjective:

Physical Exam:

X-rays/Studies:

Fixation adjustments/procedures:

Plan:

Work Status:

Pin Care	Dressing Supplies	Frame Supplies	Diet	Exercise/PT	Meds
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Foot Foot Series To include Tibia MFAS Hallux Valgus Series PTTD Series Heel Pain Series Talus Neck Series Subtalar Fusion Series Calcaneus Series Sesamoid View	R	L	WB	NWB		Foot Foot Series To include Tibia MFAS Hallux Valgus Series PTTD Series Heel Pain Series Talus Neck Series Subtalar Fusion Series Calcaneus Series Sesamoid View	R	L	WB	NWB	
Ankle Ankle Series To include Tibia Harris	R	L	WB	NWB		Ankle Ankle Series To include Tibia Harris	R	L	WB	NWB	
HFA	BILATERAL		WB			HFA	BILATERAL		WB		
Stress Views	BILATERAL		NWB			Stress Views	BILATERAL		NWB		
Tibia AP/Lat	R	L	WB	NWB		Tibia AP/Lat	R	L	WB	NWB	
Knee AP/Lat To include Tibia To include Femur Tunnel Sunrise 30° Flexion	R	L	WB	NWB		Knee AP/Lat To include Tibia To include Femur Tunnel Sunrise 30° Flexion	R	L	WB	NWB	
Stress View	BILATERAL		NWB			Stress View	BILATERAL		NWB		
Femur AP/Lat	R	L	WB	NWB		Femur AP/Lat	R	L	WB	NWB	
Hip AP/Lat AP Pelvis To include Femur	R	L	WB	NWB		Hip AP/Lat AP Pelvis To include Femur	R	L	WB	NWB	
Bilateral 51" AP Legs	Block short Leg		WB			Bilateral 51" AP Legs	Block short Leg		WB		
Long Leg Lateral	R	L	WB			Long Leg Lateral	R	L	WB		
Other	R	L	WB	NWB		Other	R	L	WB	NWB	