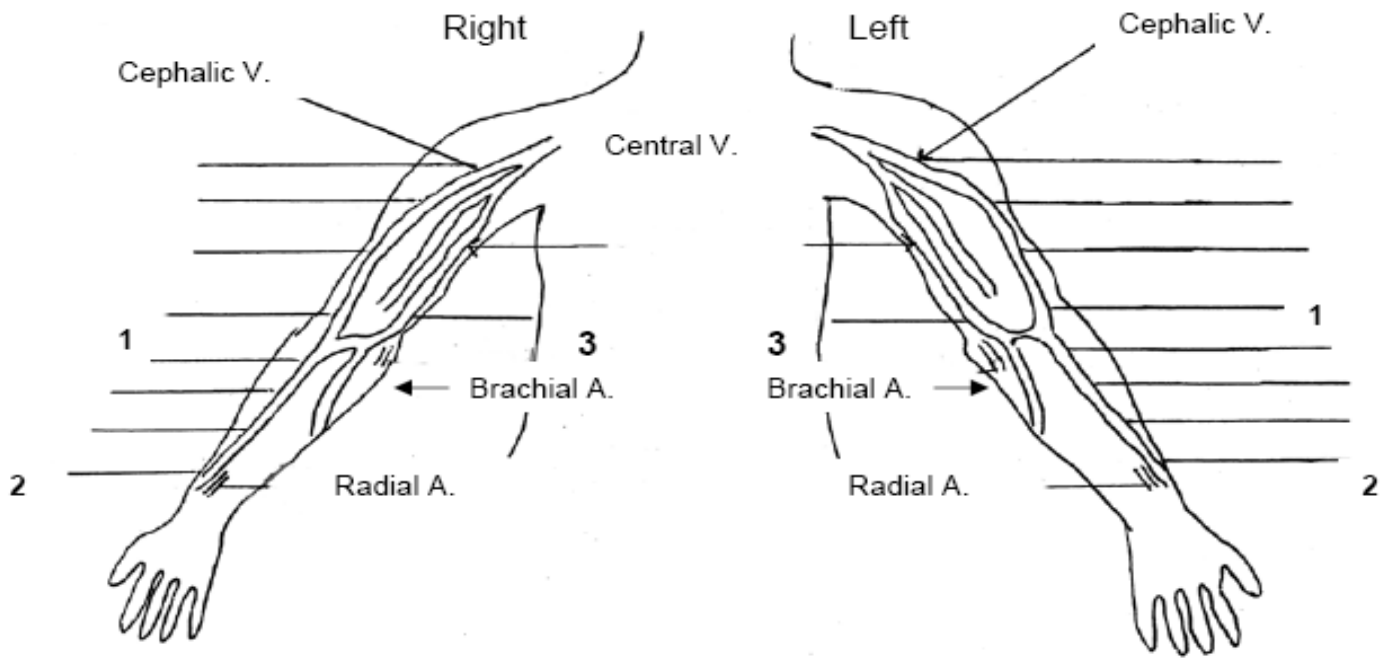


Assessment and Plan		
Side:	<u>Left</u>	<u>Right</u>
	<input type="checkbox"/>	<input type="checkbox"/>
Location:	<u>Fistula</u>	<u>Graft</u>
Upper Arm	<input type="checkbox"/>	<input type="checkbox"/>
Lower Arm	<input type="checkbox"/>	<input type="checkbox"/>
Thigh	<input type="checkbox"/>	<input type="checkbox"/>
Probable configuration:		
<hr/>		
<hr/>		

Notes: (including relevant information about previous accesses; collateral vessels)

Vascular Access Mapping



COMMENTS:
