# Transplant Continuity Care Log

Fellow name: _____

Year: _____

| | Transplant patient name | Reg # | Transplant date | Saw pt in hospital during initial surgery date? | Saw pt in clinic on what date? | Saw pt in clinic on what date? | Saw pt in clinic on what date? | Saw pt in clinic on what date? | Saw pt in clinic on what date? |
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