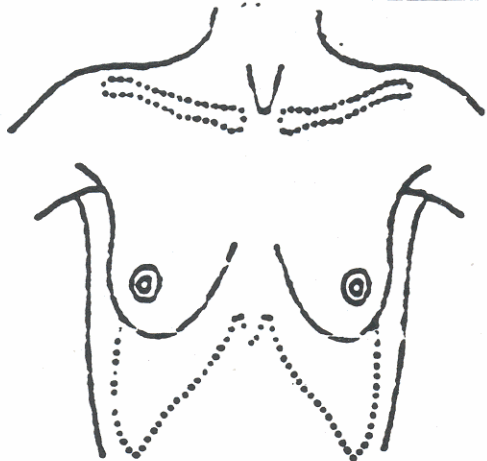


INSTITUTE FOR BREAST CARE OF
HACKENSACK UNIVERSITY MEDICAL CENTER

Surgeon Documentation

Patient Name: _____ Date of Service: _____

Patient #: _____ Referring Doctor: _____



Size of Mass _____
Location _____
Skin changes _____
Presence of Nodes _____
Nipple change _____
Other _____
Clinical Strategy _____

Radiologists Findings: _____

Surgeon's Recommendations: _____

