

BREAST CARE PROGRESS NOTE

Patient Name: _____ **Date** _____

Initial Visit: _____ **cc:** _____

First detected by:

_____ Patient _____ Physician _____ Mammogram

Date first detected: _____

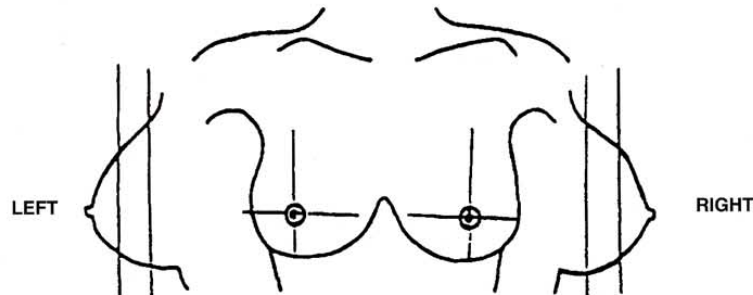
History:

Physical Examination:

Nodes: _____

Breast: _____

Nipples/Skin: _____



Clinically Suspicious?

_____ Yes _____ No

Impression: _____

Plan: _____ Mammography

_____ Ultrasound

_____ Refer to surgeon

_____ Routine follow-up

_____ Other: _____

_____ MD Initials

Follow-Up (as indicated):

Ultrasound / Mammography Date: _____

_____ Normal _____ Abnormal _____ Questionable

_____ Cystic _____ Solid _____ Calcifications _____

Additional diagnostics studies (if needed) Date: _____

_____ Normal

_____ Abnormal _____

Referral to surgeon on (date): _____

Final Dx: _____ Date: _____

_____ MD Initials