PATIENT PROGRESS NOTES

Intimate Image Fax #: 818-876-7334 (Woodland Hills) 310-582-1972 (Santa Monica)

Patient: ______________________________	Phone: _____________	DOB: __________	
Address:______________________________	City:_______________	State:____	Zip Code:_______

Patient Requires:

☐	Breast Prosthesis, Silicone – 1 per side every 2 years					
☐	Mastectomy Bras – 3 every 4 months					
☐	Breast Prosthesis; Leisure (Non-weighted) Form – 1 per side every 6 mths					
☐	Post-Op Camisole – Post-Op misc.- 2qt					
☐	Lymphedema Garments-	Sleeve ____	Glove_____	Knee ____	Thigh _____	Panty Hose ______
		Compression Level:	15-20 ___	20-30_____	30-40_____	

Frequency of Use:

☐ Daily: ____	☐ Weekly: ____	☐ Monthly: _____	☐ Lifetime: ____

Diagnosis:

Cancer			Lymphadema	Diagnosis Code:
Rt Breast ____	Lt Breast ____	S/P Mastectomy___	RT ___ LT ___	_______________

Date Of Surgery___________

Clinical Status:

No Change ____	Improving _____	Declining _____

Any Further Breast Surgery Type: ____________ Date: _____________ Prognosis: ___________________

Date of Last Breast Exam: ___________________

Limitations: ____

EXPLANATION/CLARIFICATION-Necessity of Above-Mentioned Item:_____________________________

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** Also any other notes pertaining to this condition.*

_________________________	_________________________	______________
PHYSICIAN'S SIGNATURE *required every 12 months	**PRINTED NAME**	**DATE**

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