

PATIENT PROGRESS NOTES

At Last...Bra & Lingerie LLC

Fax#: 510-350-9166

Patient: _____	Phone: _____	DOB: _____
----------------	--------------	------------

Address: _____	City: _____	State: _____	Zip Code: _____
----------------	-------------	--------------	-----------------

Patient Requires:

<input type="checkbox"/>	Breast Prosthesis, Silicone – 1 per side every 2 years
<input type="checkbox"/>	Mastectomy Bras – 3 every 4 months
<input type="checkbox"/>	Breast Prosthesis; Leisure (Non-weighted) Form – 1 per side every 6 mths
<input type="checkbox"/>	Post-Op Camisole – Post-Op misc.- 2qt
<input type="checkbox"/>	Lymphedema Garments- Sleeve _____ Glove _____ Knee _____ Thigh _____ Panty Hose _____
	Compression Level: 15-20 _____ 20-30 _____ 30-40 _____

Frequency of Use:

<input type="checkbox"/> Daily: _____	<input type="checkbox"/> Weekly: _____	<input type="checkbox"/> Monthly: _____	<input type="checkbox"/> 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:

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

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