



Ht. _____ Wt. _____ Allergies _____ PT# (Internal) _____

TECH NOTES (for internal use only):

Additional Tech Notes:

	YES	NO	Right	Left
Skin Dimpling				

Do you have a history of Breast Procedures? ☐ Yes ☐ No If yes, Describe: _____

List of Current Medication: _____

Patient Signature: _____ Todays Date: _____