

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for today's visit: \_\_\_\_\_

**Benign Lesion Removal**

Site: \_\_\_\_\_

Size: \_\_\_\_\_

Clin. Dx: \_\_\_\_\_

Symptoms:

- R/O: MM CA (circle)
- Dysplastic
- Painful
- Red/erythematous
- Inflamed
- Bleeding
- Itching/severe
- Hyperpigmented
- Other

Treatment:

- Shave removal
- Excision to fat
- Sutures placed # \_\_\_\_\_
- Sent to path
- Other

Notes: \_\_\_\_\_

**Benign Lesion Destruct.**

Site(s): \_\_\_\_\_

Size: \_\_\_\_\_

Clin. Dx: \_\_\_\_\_

Symptoms:

- R/O: MM CC (circle)
- Painful
- Red/erythematous
- Inflamed
- Bleeding
- Hyperpigmented
- Other

Treatment:

- LN<sub>2</sub>
- ED&C
- Chemical
- Laser

Total # lesions \_\_\_\_\_

**Actinic Keratosis**

Site(s): \_\_\_\_\_

Size: \_\_\_\_\_

Treatment:

- LN<sub>2</sub>
- ED&C

# Lesions: \_\_\_\_\_

**Biopsy**

Site: \_\_\_\_\_

Size: \_\_\_\_\_

Clin. Dx: \_\_\_\_\_

Rx:

- Shave
- Punch

**Biopsy**

Site: \_\_\_\_\_

Size: \_\_\_\_\_

Clin. Dx: \_\_\_\_\_

Rx:

- Shave
- Punch

**Biopsy**

Site: \_\_\_\_\_

Size: \_\_\_\_\_

Clin. Dx: \_\_\_\_\_

Rx:

- Shave
- Punch

Please indicate anatomical sites for lesions treated

**Benign Lesion Removal**

Site: \_\_\_\_\_

Size: \_\_\_\_\_

Clin. Dx: \_\_\_\_\_

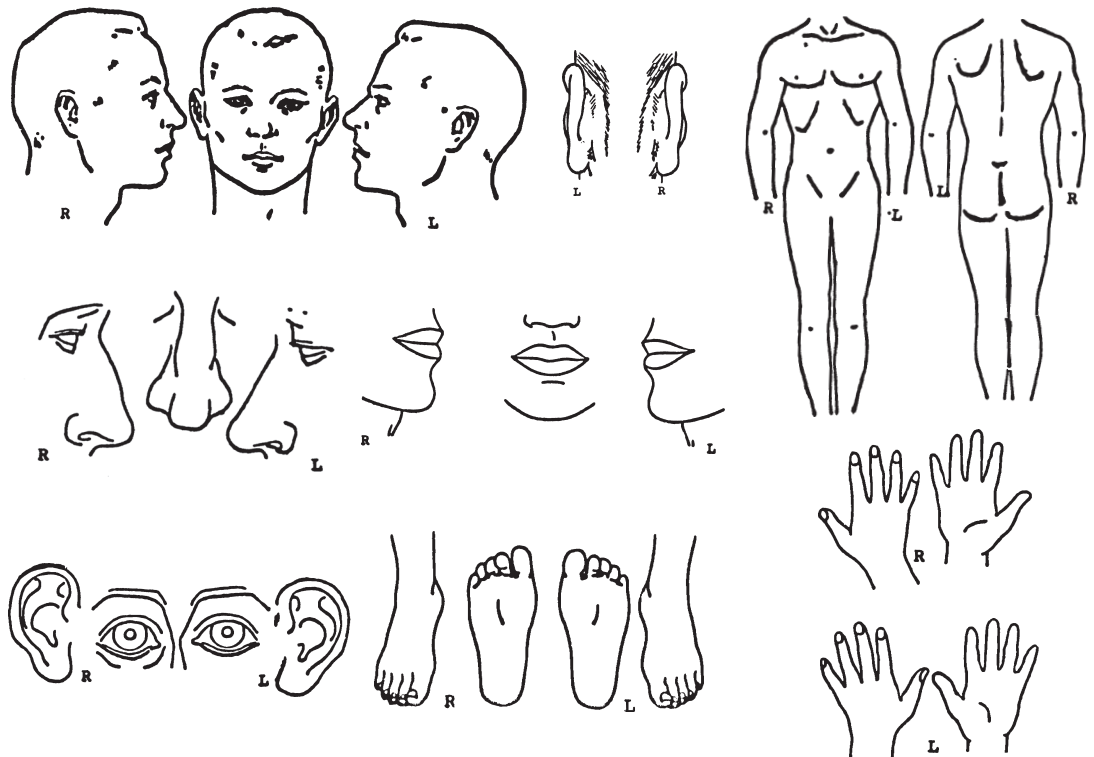
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Treatment:

- Shave removal
- Excision to fat
- Sutures placed # \_\_\_\_\_
- Sent to path
- Other

Notes: \_\_\_\_\_



COMPLETED BY: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_