

Patient: _____ Date of Birth:: ___/___/___

Today's Date: ___/___/___

- Reason for today's visit: Wound care check Dressing change Injection
 Suture removal Pathology report reviewed PDT

Site:	
	<i>Circle</i>
Bleeding	Y / N
Erythema	Y / N
Healing well	Y / N
Infection	Y / N
Oozing	Y / N
Swelling	Y / N
Sutures out	Y / N
New Dressing	Y / N

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	<i>Circle</i>
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